

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is essential. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2001

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER B. BELITZ, Sr.

(ew)

2. DATE
OF
DEATH

March 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

West Balto. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3913 Fairview Avenue

C. Length of stay in Baltimore

70 - Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 18, 1879

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Isaac Hamburgers

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adalbert Belitz

MCMXIV (R)

14. MOTHER'S MAIDEN NAME

Matilda Carr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-09-0577

17. INFORMANT

ADDRESS

Mrs. Blanche O. Belitz 3913 Fairview

18. 4-20-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Artery Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

E. L. Royer

23B. CHIEF MEDICAL EXAMINER.....☐23C. ASSISTANT MEDICAL EXAMINER.....☒

23D. DATE SIGNED

3-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-8-1950

Oak Lawn

Baltimore Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

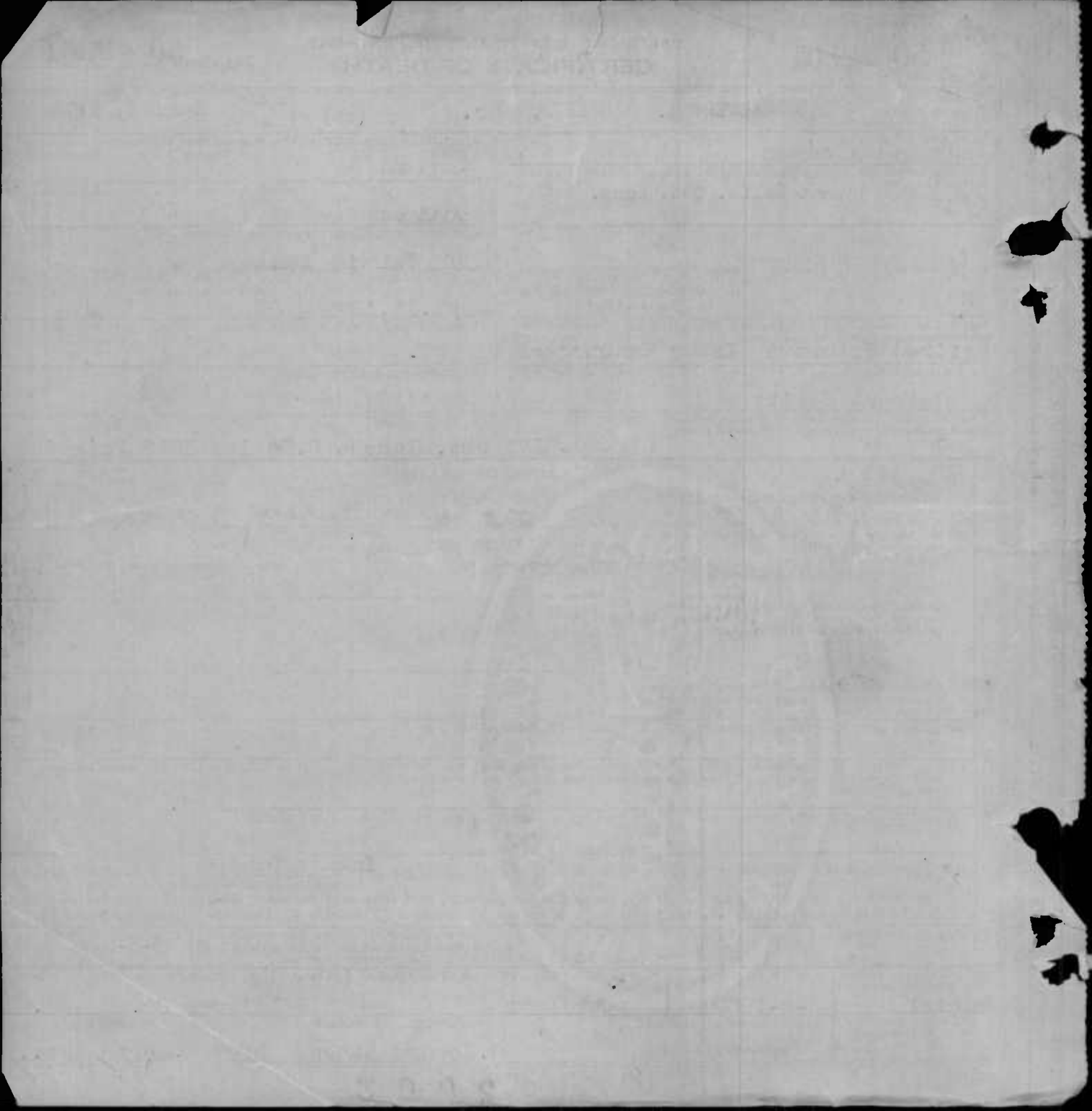
25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

G. Howard Strong

3207 W. North Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2002
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Samuel Levin

2. DATE
OF
DEATH

3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1616 Gough St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md 3-01

D. STREET ADDRESS (If rural, give location)
1616 Gough St

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1879

9. AGE (In years last birthday)

71

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vest-maker

10B. KIND OF BUSINESS OR INDUSTRY
Tailoring Business

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Solomon Levin

14. MOTHER'S MAIDEN NAME

Bessie ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Goldie Levin -1616 Gough Street

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic C V disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) *4 years*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

D. J. Subinski

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3-7-50

24C. NAME OF CEMETERY OR CREMATORY

Knesseth Israel Anshei Sfard

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 1950

REGISTRAR'S SIGNATURE

Samuel Levin

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros- 1124 W North Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Faller called Dr. Fisher

3/2/50

EA

50 2003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2003

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Charles Conger

2. DATE
OF
DEATH

March 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1330 Mosher St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

1330 Mosher St.

c. Length of stay in Baltimore

69 years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 8, 1880

9. AGE (In years
last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cleanser - Nger

10B. KIND OF BUSINESS OR
INDUSTRY

Retail clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U.S.A.

13. FATHER'S NAME

John Conger

14. MOTHER'S MAIDEN NAME

Adelaine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Harry C. Williams Mosher St.

ADDRESS

18.

4 yr. 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Regeneration

INTERVAL BETWEEN
ONSET AND DEATH

6 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic Bronchitis
(C) Gen. arteriosclerosis3 wk
?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 1950, to 3-5, 1950, that I last saw the
deceased alive on 3-5, 1950, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Franklin P. Lister

M. D.

23B. ADDRESS

1543 Penna. Ave

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

Franklin P. Lister, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

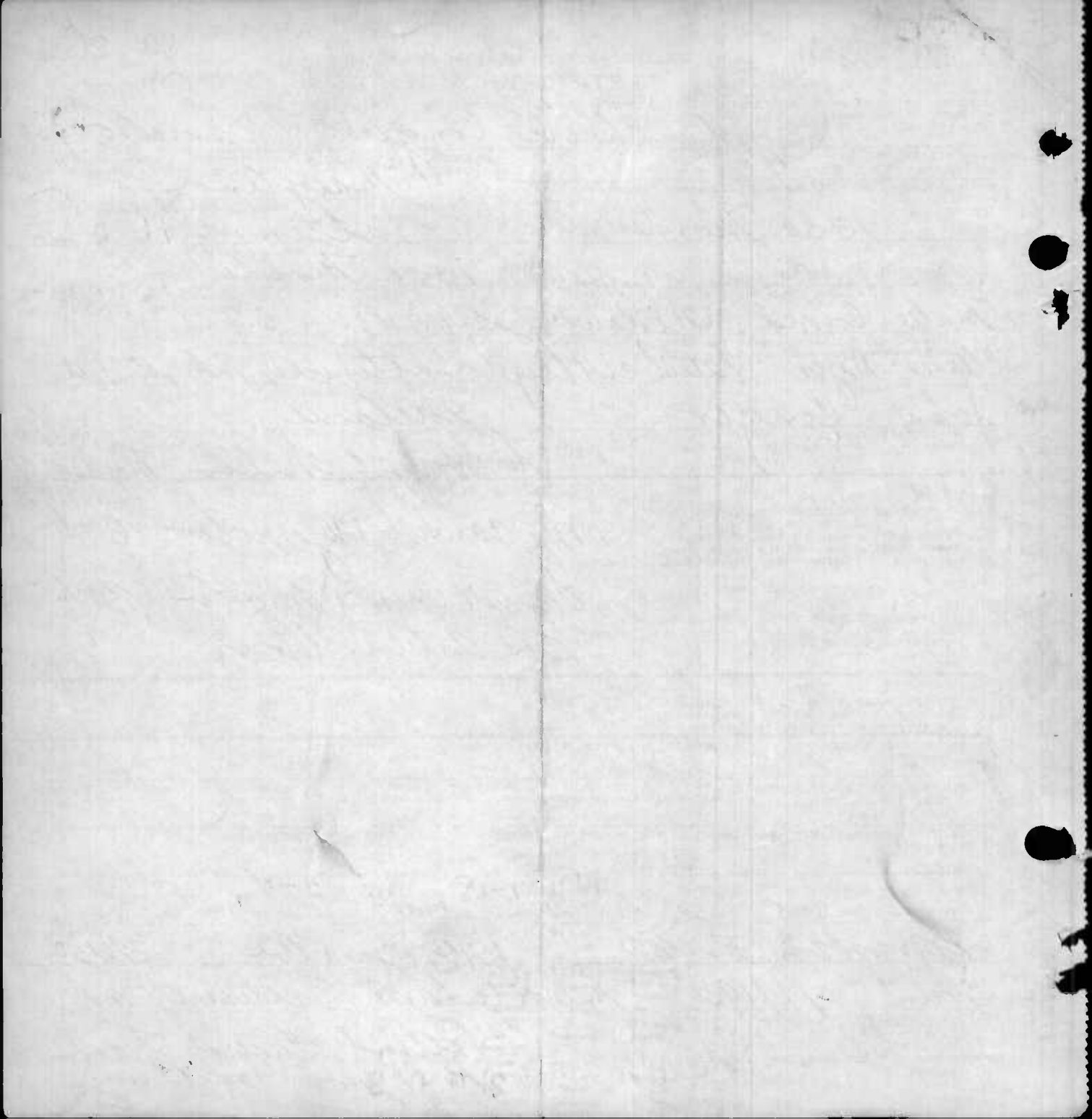
ADDRESS

VS 150

1950 49688 2160 1330 Mosher St. Ave 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 2004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2004

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 490 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1950 to 3/4, 1950 that I last saw the deceased alive on 3/4, 1950 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

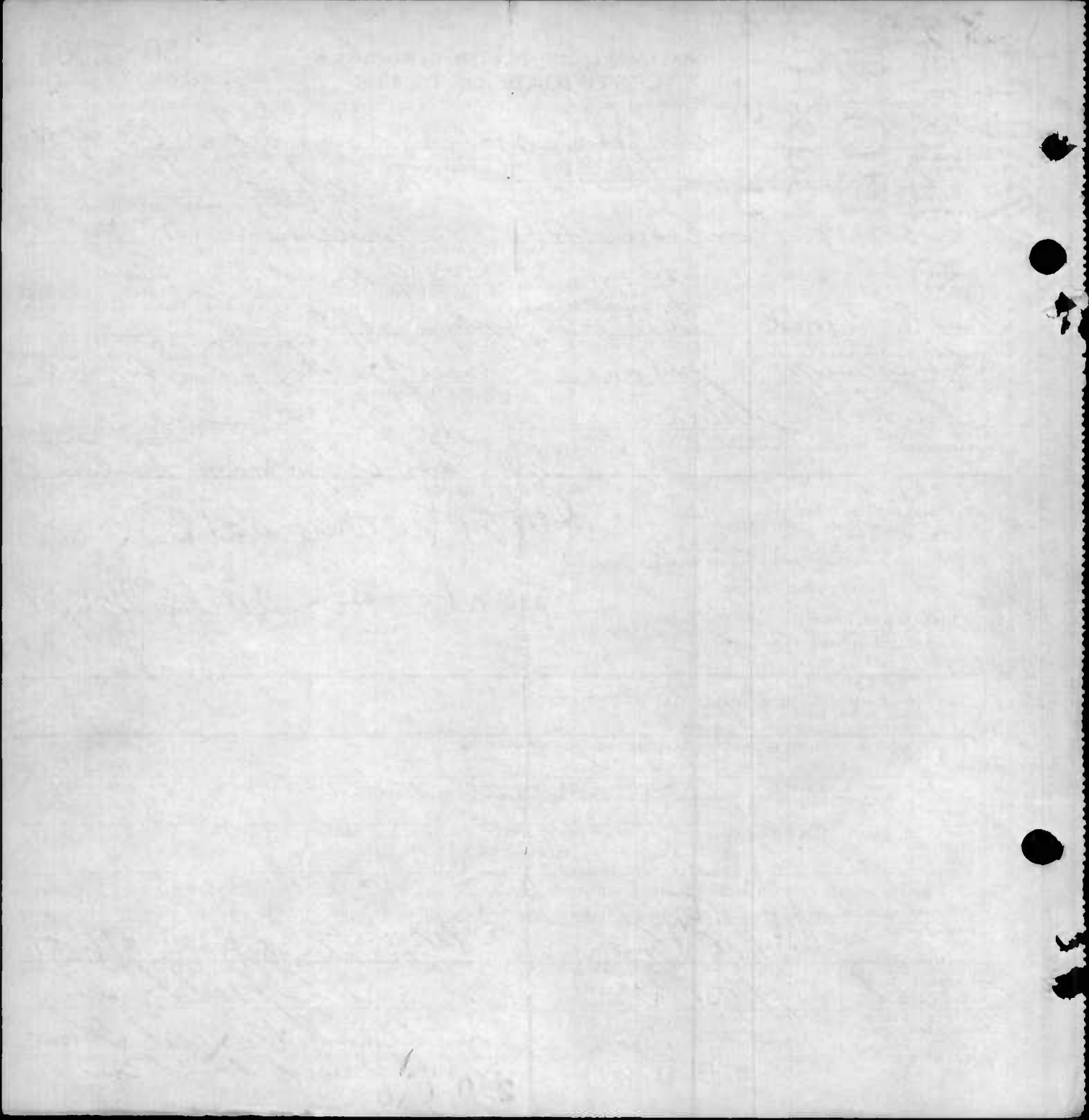
25. FUNERAL DIRECTOR

ADDRESS

VS 150

2006

108



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KOLMAN

KODECK

2. DATE
OF
DEATH

3-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3403A Doelfield Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

15-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3403A Doelfield Ave

c. Length of stay in Baltimore

37

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Coal (K)

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Belia Kodeck 3403A Doelfield

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19 1950, to 3/4 1950, that I last saw the
deceased alive on 3/4 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

23B. ADDRESS

204 E. Brodhead St

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-7-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Pl

ADDRESS

VS 150

1550 95677 2007

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hornstone
2046 Biddle

L-163
50 2006LAFFERTY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2006
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Suzanna Lafferty

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE BALTIMORE, MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

100 2029 Booth St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-03

D. STREET ADDRESS (If rural, give location)

2029 Booth St.

c. Length of stay in Baltimore

Life

5. SEX

FEMALE White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 27, 1889

9. AGE (In years last birthday)

60

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Stockman

14. MOTHER'S MAIDEN NAME

Margaret Roth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

HARRY C. WARNER 2659 HAFER ST.

ADDRESS

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocardial failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Broncho-pneumonia

DUE TO

(C)

3d.

also in jaw. 1d.

over

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1950 to Jan 7 Mar 7, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 4:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

W. Allen Deckert

M.D.

23B. ADDRESS

1114 St Paul St

2

23C. DATE SIGNED

March 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

BALto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

W. Allen Deckert

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave

ADDRESS

Letter in document file 50-2006 4/10/50.

50 2007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET Litchfield

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Md. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-05

C. Length of stay in Baltimore

64

D. STREET ADDRESS (If rural, give location)

2224 Bank St. # 31

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 28, 1885

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Schammel

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Chas. Litchfield

ADDRESS

2224 Bank St.

18. 585X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Shock

INTERVAL BETWEEN
ONSET AND DEATH

18 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Empyema of Gall bladder 24 hrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 5, 1950

19B. MAJOR FINDINGS OF OPERATION

Empyema Gall bladder - large amt. bloody fluid in abd.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1950, to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Maryland Gen. Hospital

23C. DATE SIGNED

3-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-9-50

24C. NAME OF CEMETERY

Baltimore

24D. LOCATION (City, town, or county) (State)

E. North ave.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

George R. Weber 705 S. Penn st

ADDRESS

CERTIFICATE OF DEATH

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the said County, at the City of New York, this 1st day of January, 1901.

Attest:

1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs. Amelia Cora Dominick</i>		2. DATE OF DEATH <i>3/5/50.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>25 Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-05</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>6604 O'Donnell St.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		B. DATE OF BIRTH <i>June 4, 1896</i>	9. AGE (In years last birthday) <i>53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Quaster (?)</i>		14. MOTHER'S MAIDEN NAME <i>Unknown.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr. Wade Dominick same</i>	
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Subarachnoid Hemorrhage</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C) <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs.</i> <i>4 yrs.</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/5</i> , 19 <i>50</i> , to <i>8:30 PM 3/5</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3/5</i> , 19 <i>50</i> , and that death occurred at <i>8:30 PM</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Ensar</i>		23B. ADDRESS <i>M.D. Church Home & Hosp.</i>		23C. DATE SIGNED <i>3/6/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/9/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cath. Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Catonsville Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Williams</i>		ADDRESS <i>William J. Williams</i>	

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the owner of the following described land, to-wit:

H-360
50 2009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2009
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta Huetter

2. DATE
OF
DEATH

March 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2706 Mosher St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-06

D. STREET ADDRESS (If rural, give location)

2706 Mosher St.

C. Length of stay in Baltimore

70 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 21, 1857

9. AGE (In years
last birthday)

92

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arend

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise King 2706 Mosher St.

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis with cardiac
hypertrophy and congestive failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerotic type of disease with
hypertension.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized arterio-sclerosis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1949 to March 4, 1950 that I last saw the
deceased alive on March 3, 1950, and that death occurred at 6:37 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Michel

23B. ADDRESS

M. D.

1015 Poplar Grove St

23C. DATE SIGNED

March 5 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 7, 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

William Michel

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

VS 150

2011

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

State of New York
County of [illegible]
I, [illegible],
[illegible]
[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-520
50 2010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2010
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph J. Benick

2. DATE
OF
DEATH

March 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5705 Birchwood Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION

NO

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5705 Birchwood Ave.

C. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 11, 1877

9. AGE (In years last birthday)

72

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Musician

10B. KIND OF BUSINESS OR INDUSTRY

Band

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Benick

14. MOTHER'S MAIDEN NAME

Mary Shimek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.
218-01-4839

17. INFORMANT

ADDRESS

Mrs. Barbara K. Benick 5705 Birchwood Ave.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

5 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1949, to Mar. 3, 1950, that I last saw the deceased alive on 3/3, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. Sawyer

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 7, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home, 2008 Orleans St.

VS 150

V2F2012

61

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2011

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Howard

2. DATE
OF
DEATH

Mar 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1012 W. Fayette

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442. X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

malnutrition, avitaminosis

undet

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 12, 1949, to Mar 4, 1950, that I last saw the deceased alive on Mar 4, 1950, and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

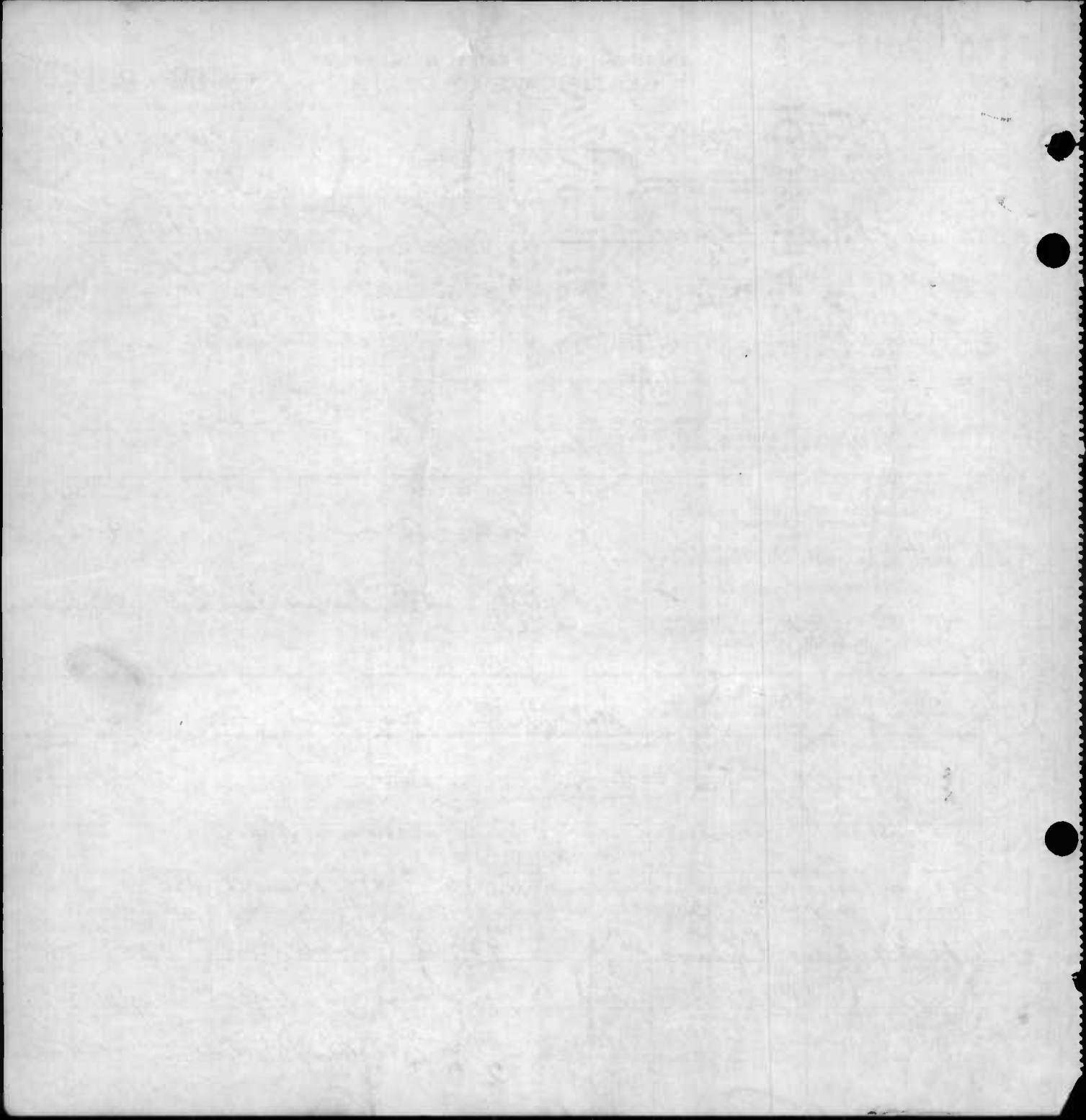
25. FUNERAL DIRECTOR

ADDRESS

VS 150

2013

131a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2012
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mercy Washington

2. DATE
OF
DEATH

MAR 3 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give
township)

Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1022 Edmondson Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-1-01

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Levi Snowden

14. MOTHER'S MAIDEN NAME

Nancy Worth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Cerebral Hemorrhage,*
DUE TO *Site Unknown*

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Hypertension*
DUE TO

Yes

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

David Tuben

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-4-50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 7, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

ROY WASHINGTON

1012 Edinboro Ave

1-1-61

Residence

Final Report

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

1012 Edinboro Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 2013

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm. Franklin

2. DATE
OF
DEATH

March 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 202 Myrtle Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
202 Myrtle AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md 4-02D. STREET ADDRESS (If rural, give location)
202 Myrtle Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 29, 1892

9. AGE (In years last birthday)

57

10. Under 1 Year
Months: Days:11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
York Co., S.C.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Franklin

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Annie M. Long 202 Myrtle Ave

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio-sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Paul H. Royer M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
5 Mar 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

MAR 7, 1950

Mt. Calvary

Cedar Hill

Md.

Mrs. Kate R. Williams

Schwartz St

CERTIFICATE OF DEATH

3012

S-400
50 2014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

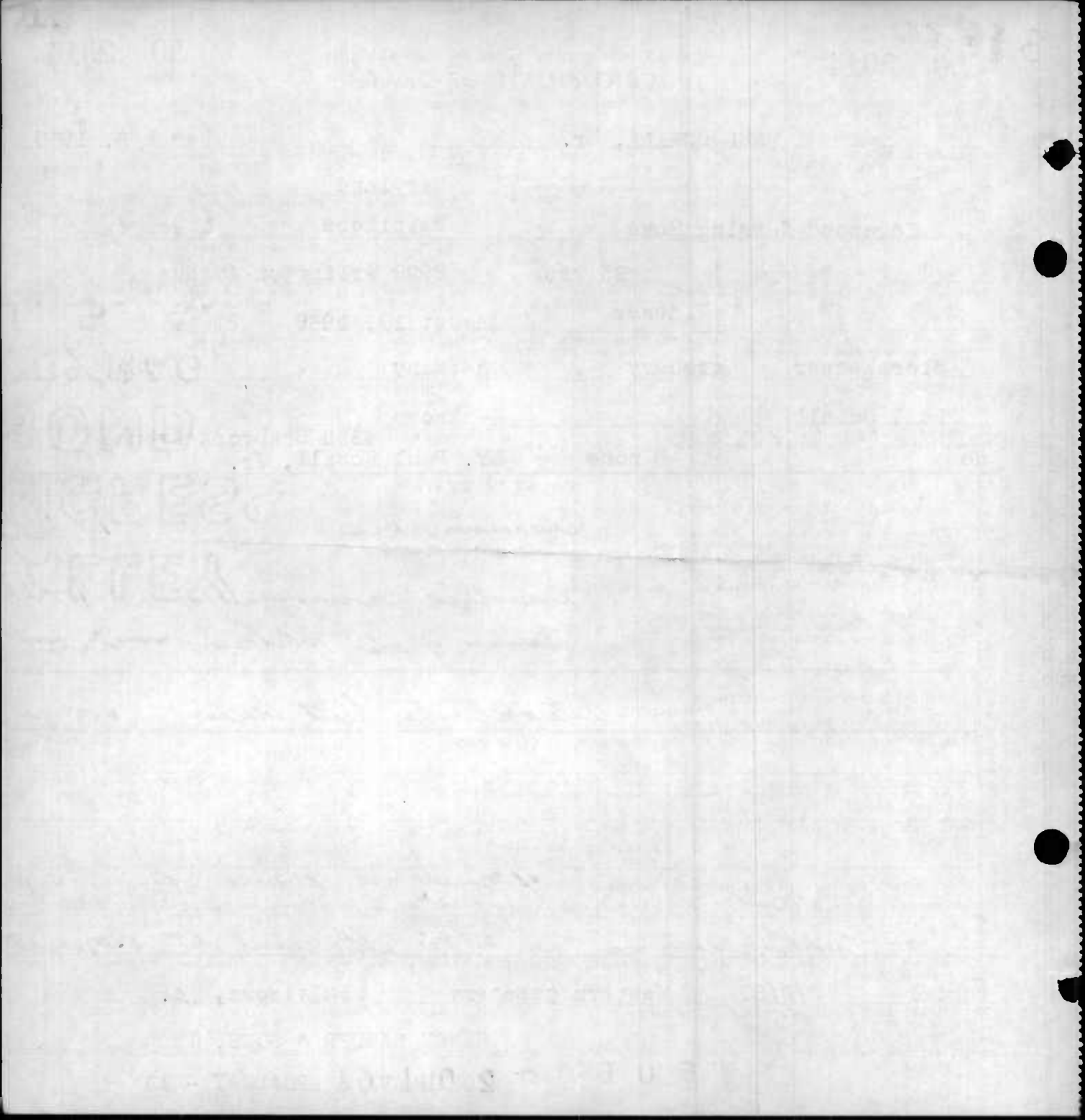
50 2014
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PAUL SCHALL, Sr.		2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 65 yrs		D. STREET ADDRESS (If rural, give location) 2920 Arlington Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH August 10, 1869	9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10B. KIND OF BUSINESS OR INDUSTRY grocery		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Paul Schall		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 4335 Shamrock Avenue Mr. Paul Schall, Jr.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 181X I		CAUSE OF DEATH (A) Pneumonia, RLL DUE TO		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Generalized Carcinomatous DUE TO		+ 1/2 yr	
		(C) Cancer of the bladder DUE TO		+ 1 yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Atherosclerotic heart disease		+ 5 yrs	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 March, 1950 , to 5 March, 1950 , that I last saw the deceased alive on 4 Mar , 1950, and that death occurred at 2nd m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Schall, Jr.		23B. ADDRESS 2813 Mt Paul St		23C. DATE SIGNED 6 March 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/8/50		24C. NAME OF CEMETERY OR CREMATORY Western cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC			

VS 150
50000
NORTH AVE & BROADWAY - 13 52B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



E 162

50 2015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2015
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE EVERS MAN

2. DATE
OF
DEATH

3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL of BALTO., INC.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO., Md.

14-01

D. STREET ADDRESS (If rural, give location)

Marlborough apt 330 Entaw St

c. Length of stay in Baltimore

78 years

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF

U.S.

13. FATHER'S NAME

Samuel King

14. MOTHER'S MAIDEN NAME

Mirna?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Abe Delant Marlborough apt 330

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

2 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Rudolph

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

William M. Huntington

David Sordheimson

1808 Entaw place

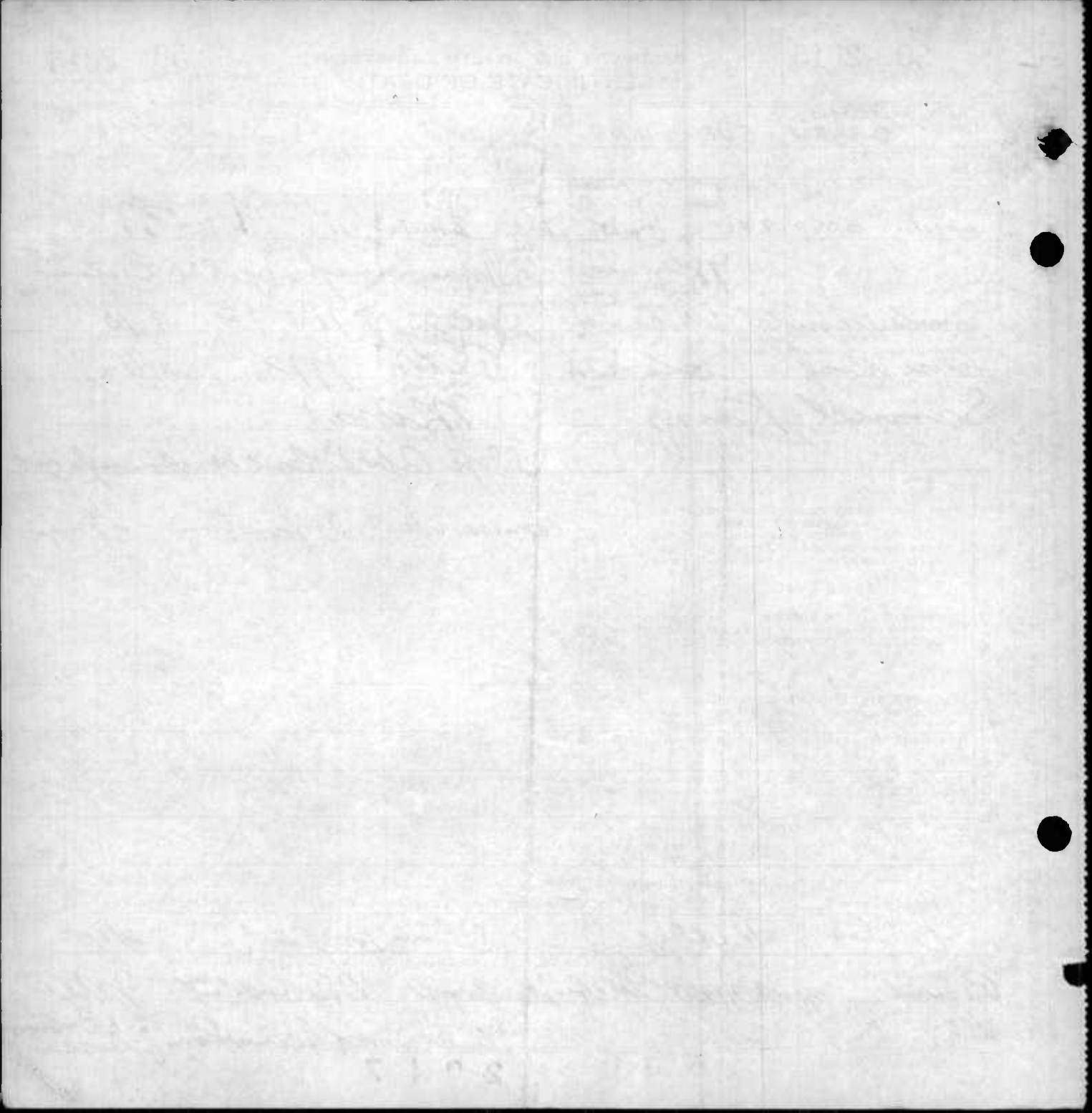
VS 150

195000002017

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2016
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES GLOVER

2. DATE
OF
DEATH

February 23, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balts. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

344 Forrest Street

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/28/95

9. AGE (In years
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR
INDUSTRY

On General

11. BIRTHPLACE (State or foreign country)

St Matthews S. C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Harriet Ann Glover

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Willie Mae Branch 1109 McElroy

18. 477.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

E. H. Royer

23B. CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Feb. 24, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

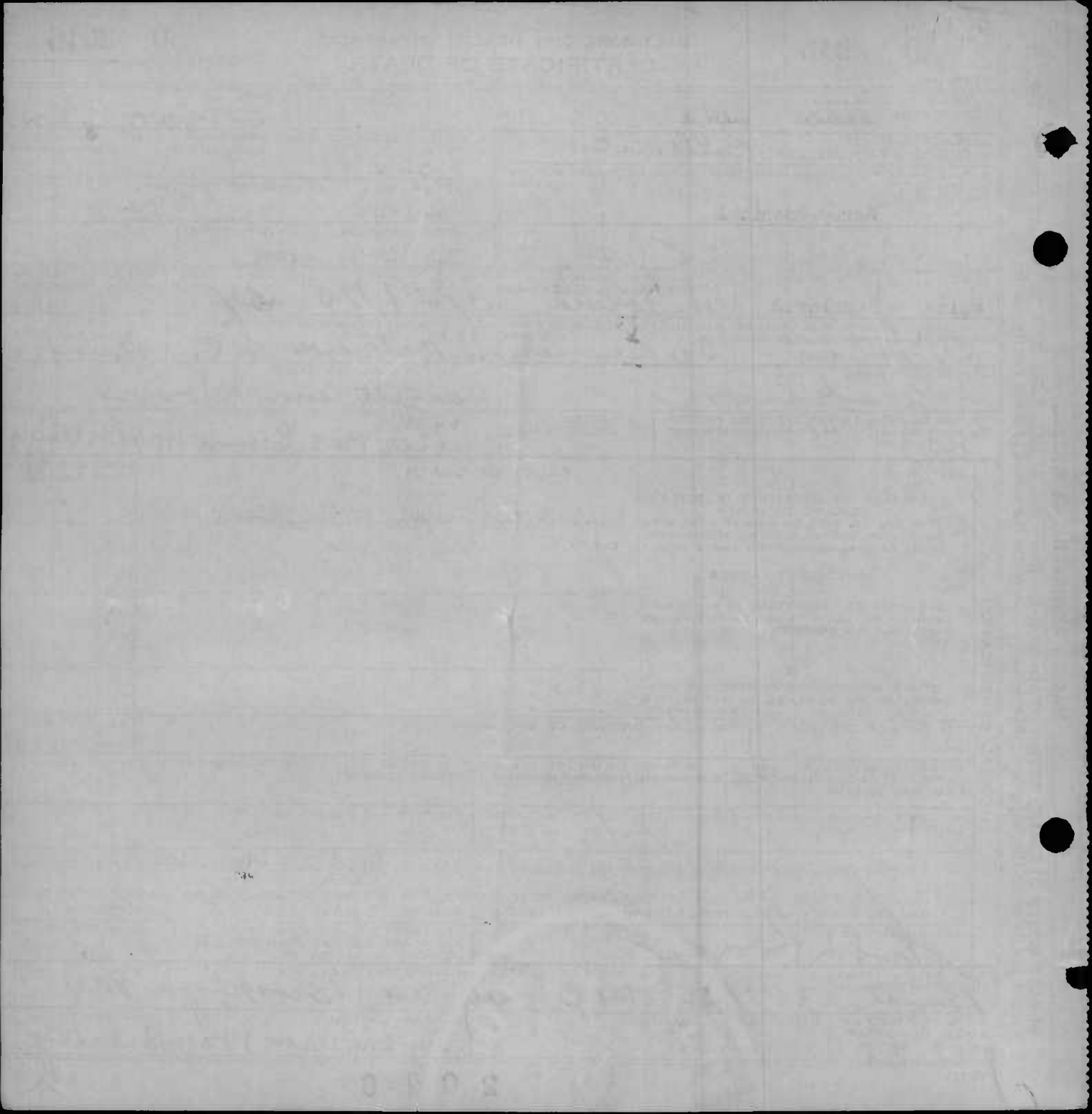
E. H. Royer

FURNERAL DIRECTOR

E. H. Royer

ADDRESS

1000 Brantley



E-150
50 2017BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2017
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bernard (Evan) Even		2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
c. Length of stay in Baltimore unknown Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1604 John St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 15, 1887
9. AGE (In years last birthday) 62		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook (Sheraton-Belvedere Hotel)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) World War I		16. SOCIAL SECURITY NO. 212-07-8717	
17. INFORMANT		ADDRESS Records among effects	

18. 477.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Arteriosclerotic cardiovascular disease DUE TO		
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED March 6, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 8/50	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery Balto. Md.
24D. LOCATION (City, town, or county)		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1950	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Chas. J. Evans & Son, Inc. 418 N. W. Royal Ave 937	ADDRESS
---	-----------------------	---	---------

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-520

50 2018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2018

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Edward J. Wenk			2. DATE OF DEATH March 3, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1508 Bolton Street			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY none			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			D. STREET ADDRESS (If rural, give location) 1508 Bolton Street			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 9, 1876		9. AGE (In years last birthday) 73		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Slicing machines			11. BIRTHPLACE (State or foreign country) Baltimore		
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME Joseph Wenk			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Ethel T. Wenk 1508 Bolton St.		
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congestive heart failure DUE TO Hypertension, excessive Cardiac enlargement (B) Arteriosclerosis, generalized DUE TO (C) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 1 year 5 years 5 years 2 days			19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from March 1945 , to March 3, 1950 , that I last saw the deceased alive on Mar. 3, 1950 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.			23A. SIGNATURE John P. Humberger		
23B. ADDRESS 1207 Eutaw Place			23C. DATE SIGNED 5 Mar. 1950			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE March 6, 1950			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1950			REGISTRAR'S SIGNATURE John O. Mitchell			25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.		

50 278602 0 2 0

95c

CERTIFICATE OF DEATH

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

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1901

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1901

1901

1901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320
50 2019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2019

Registered No.

BIRTH NO.

1. NAME OF DECEASED.
(Type or Print)

Cecil Reddick

2. DATE
OF
DEATH

March 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

1217 Mulberry St

c. Length of stay in Baltimore

30 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-5-1900

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stevenson

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter Reddick

14. MOTHER'S MAIDEN NAME

Elizabeth Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

157X

CAUSE OF DEATH

Carcinoma of the Pancreas

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Multiple abdominal abscesses

19A. DATE OF OPERATION

12/22/49

19B. MAJOR FINDINGS OF OPERATION

Ca of head of pancreas

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-12, 1949, to 3-5, 1950, that I last saw the deceased alive on 3-5, 1950, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James E. Chaney, Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

James E. Chaney, Jr.

25. FUNERAL DIRECTOR

J. L. Brown - Montgomery St

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1919

DATE OF BIRTH
PLACE OF BIRTH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

NAME OF CHILD
SEX OF CHILD

DATE OF DEATH
PLACE OF DEATH

NAME OF MOTHER
NAME OF FATHER

CHANDLER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2020

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen P. Chandler

2. DATE
OF
DEATH

Mar. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Home for Incurables

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Home for Incurables

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

40th and Keawick

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 29, 1877

9. AGE (In years last birthday)

72 yrs.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry P. Chandler

14. MOTHER'S MAIDEN NAME

Catharine Gaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

M. F. Owens - Home for Incurables

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Dissecting Aneurysm (aorta)

36 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease

20 years

DUE TO

(C)

Osteoporosis - mild - spine

1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 12/17, 1949, to 3/6, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Hoffman Hersperger

M. D.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mar-8-1950

24D. LOCATION (City, town, or county)

London Park Cemetery

24E. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

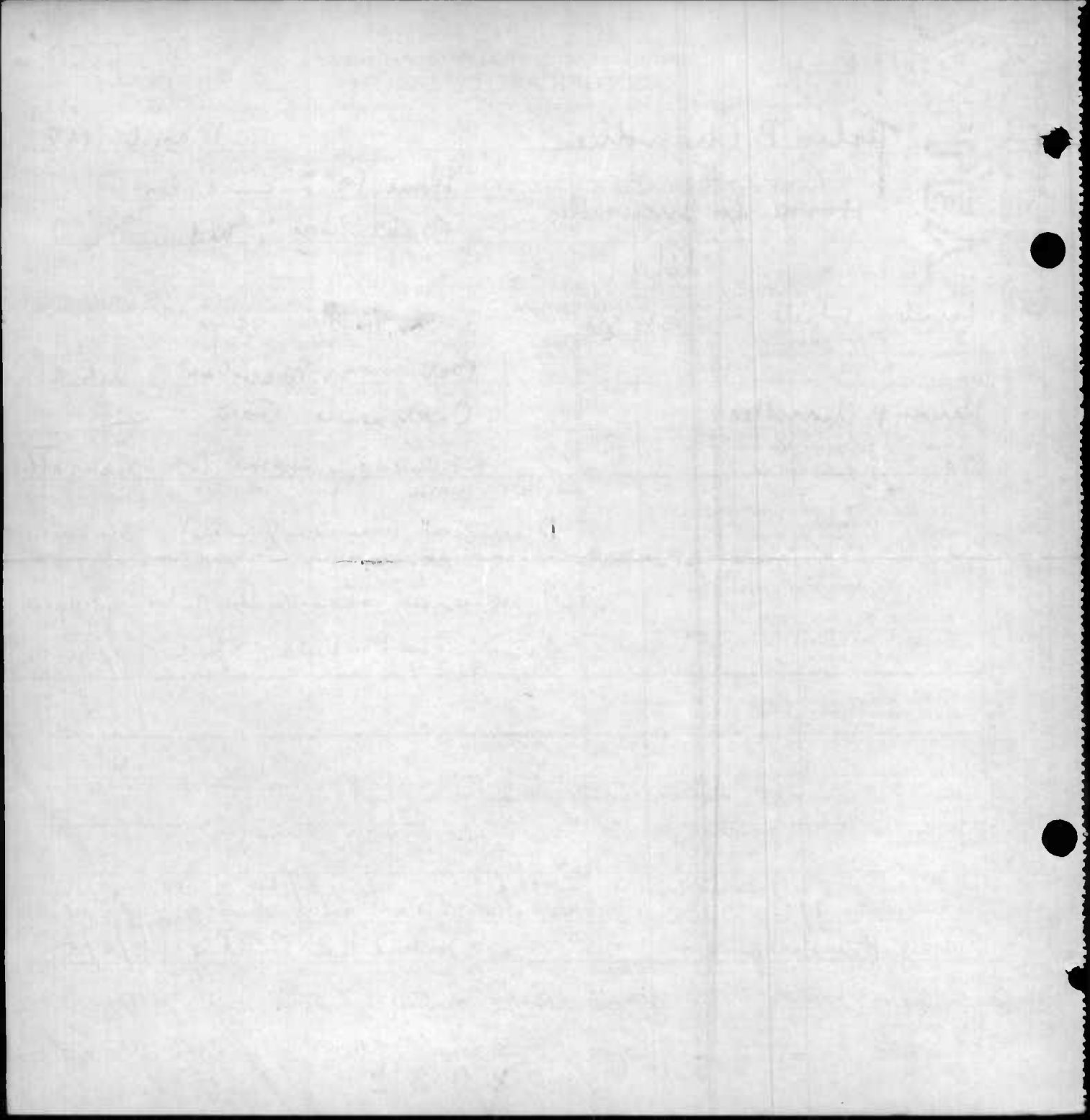
MAR 7 - 1950

Stewart & Mowen Co., 108 W. North Ave

VS 150

1 905 0000 2022

City #1. 937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2021

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hoyt Lavin

2. DATE
OF
DEATH

Mar. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

17 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-25-07

9. AGE (In years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Rockhill S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Mack Lavin

14. MOTHER'S MAIDEN NAME

Downs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 400 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute rheumatic fever

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-1950 to 3-4-1950, that I last saw the
deceased alive on 3-4-1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Winternitz

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

March 5 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 1950

Rayner Sanders

412 E. Preston St

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maurice S. Phillips

2. DATE
OF
DEATH

Mar. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2037 Pennsylvania Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

2037 Pennsylvania Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 7 1883

9. AGE (In years
last birthday)

66 67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handy man

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Aguilla Phillips

14. MOTHER'S MAIDEN NAME

Priscilla Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-14-2345

17. INFORMANT

ADDRESS

Henrietta Phillips - 2037 Pennsylvania Ave

18.

153X-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Colon

DUE TO

2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Failure

DUE TO

2 wks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

1-7-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Distal End of Colon Metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1950, to 3-4, 1950, that I last saw the
deceased alive on 2-4, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Franklin Phillips

M. D.

23B. ADDRESS

1543 Penna. Ave

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

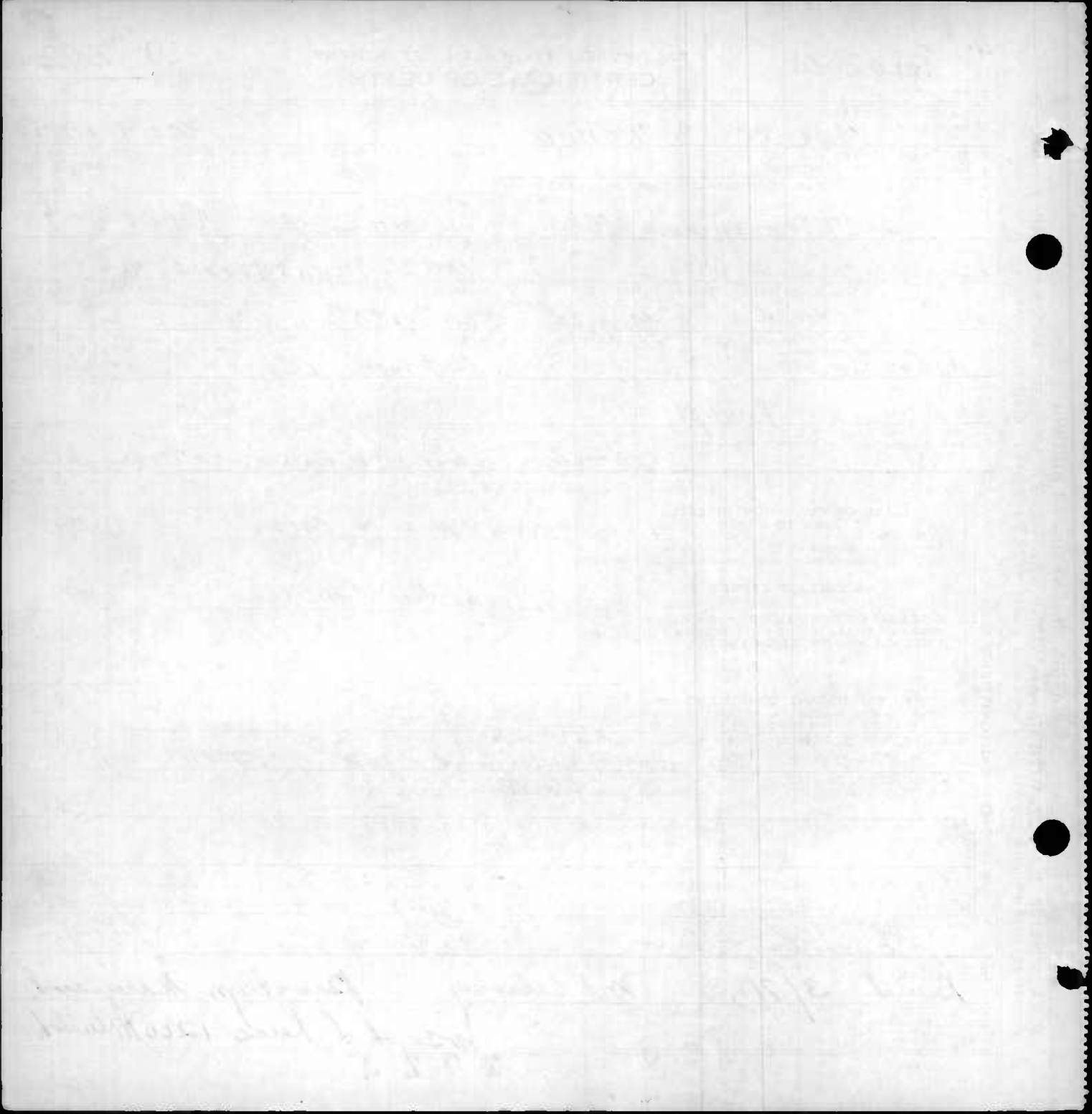
REGISTRAR'S SIGNATURE

J. Franklin Phillips

25. FUNERAL DIRECTOR

Joseph L. Russ - 1200 N. Calver

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2023

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Stoll

2. DATE
OF
DEATH

3/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN

Balt.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

43 N. Colver Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 1, 1883

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days

7 25

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)~~Unemployed~~10b. KIND OF BUSINESS OR
INDUSTRY

RETAIL FLOREST

11. BIRTHPLACE (State or foreign country)

Balt.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Adolph Stoll

14. MOTHER'S MAIDEN NAME

Mary Kellerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hoop Records.

18.

744.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myasthenia Gravis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Generalized Arteriosclerosis - Arteriosclerosis
Calcio-Vascular Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26/50, 19__, to 3/5/50, 19__, that I last saw the
deceased alive on 3/6/50, 19__, and that death occurred at 5:44 m., from the causes and on the date stated above.

23a. SIGNATURE

John S. Ramseyer, M.D.

23b. ADDRESS

Mercy Hospital.

23c. DATE SIGNED

3/6/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Mar. 8/1950

24c. NAME OF CEMETERY OR CREMATORY

Cathedral Green.

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

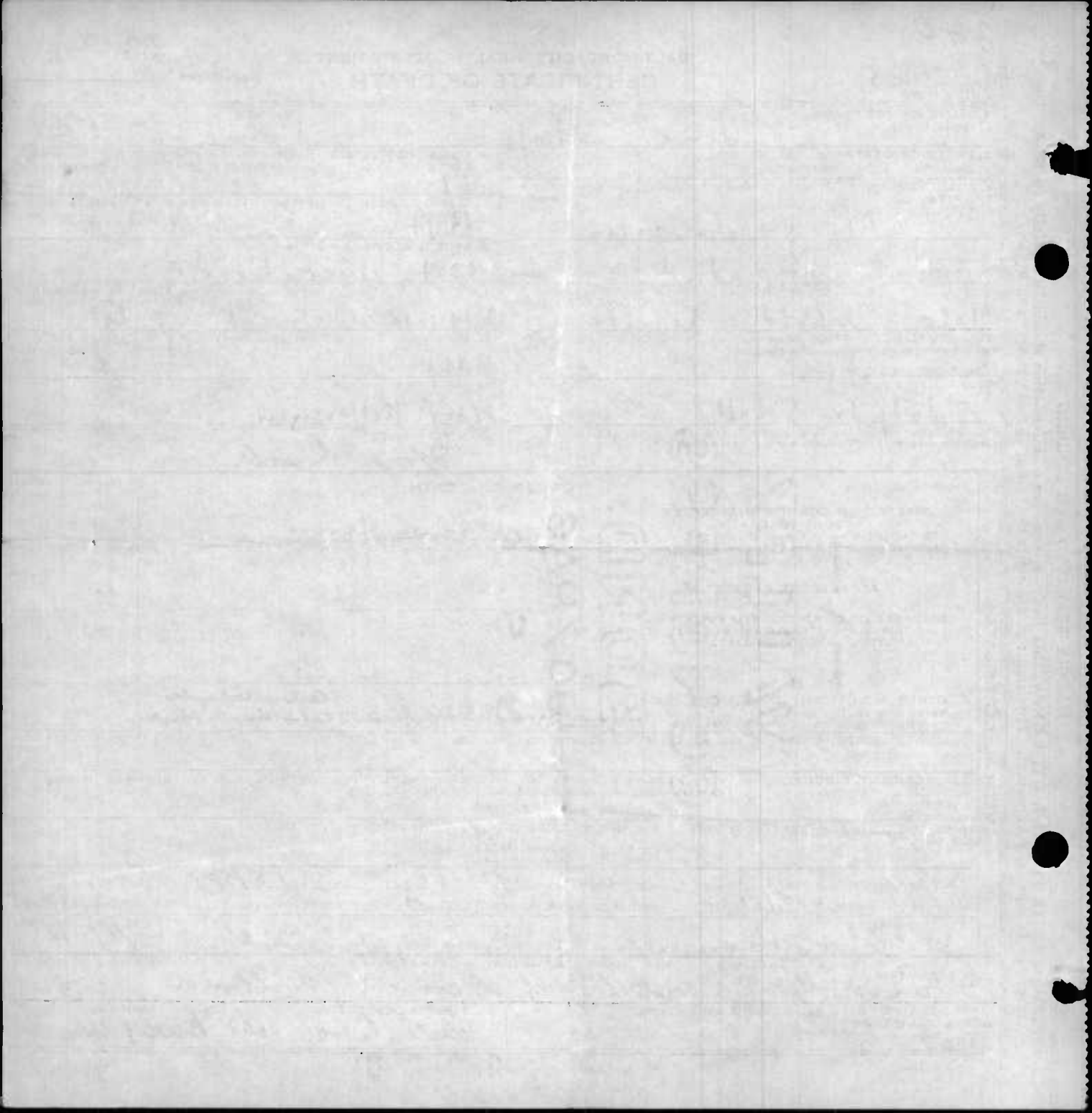
William Williams

25. FUNERAL DIRECTOR

Dill Bros.

ADDRESS

3109 Fredk Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2024

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)E.
Theresa Jacobs2. DATE
OF
DEATH

3-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 13-08

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1323 Weldon Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Unmarried

8. DATE OF BIRTH

Jan. 31-1878

9. AGE (in years last birthday)

72

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John C. Stallings

14. MOTHER'S MAIDEN NAME

Fidelity Churchyard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

263-03-3344

17. INFORMANT

Mrs. Dorothy M. Stallings

ADDRESS

1019 Parkview

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cirrhosis of the Liver

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1950, to 3-6, 1950, that I last saw the deceased alive on 3-6, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Holloway

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 9-1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

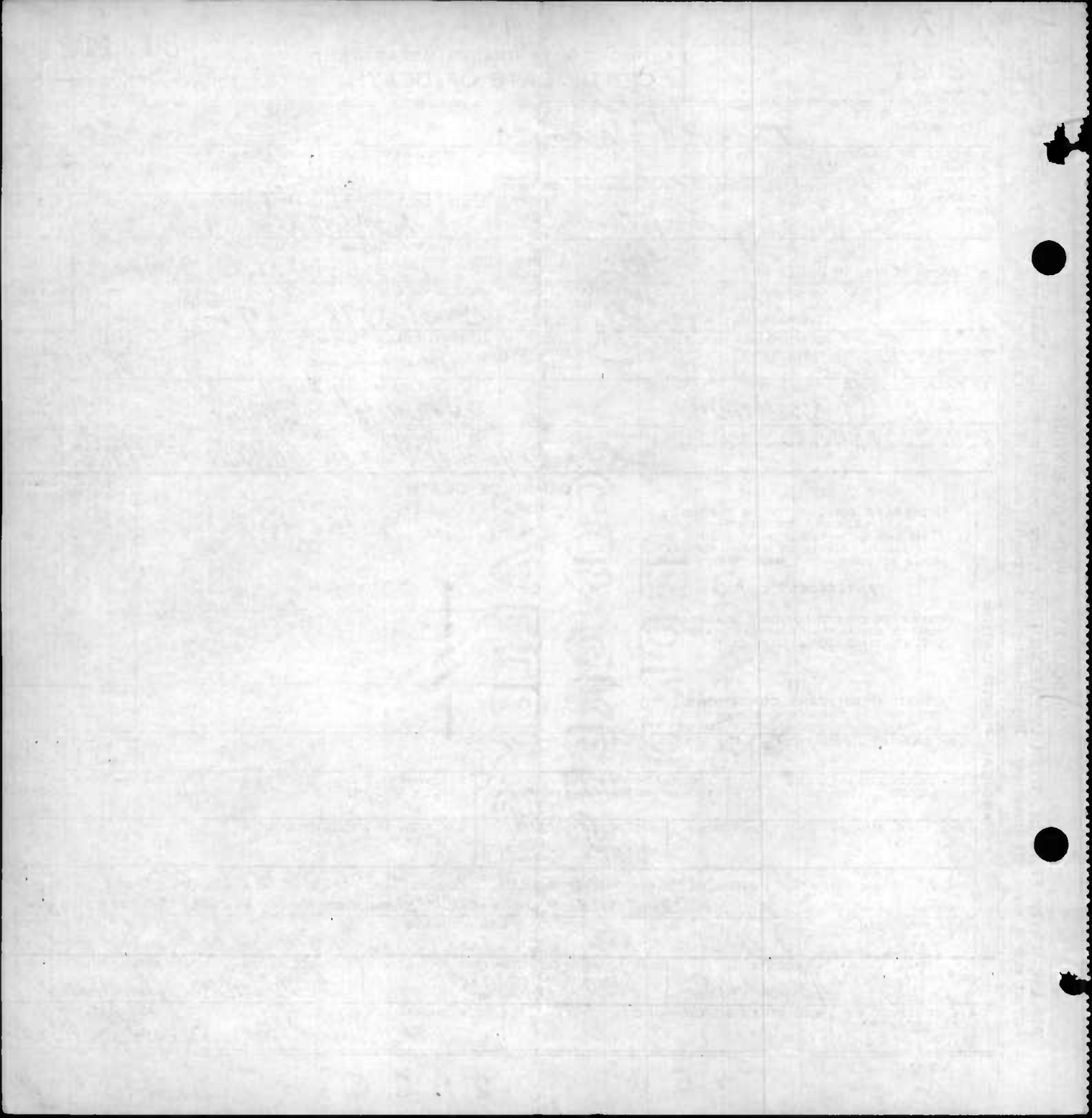
[Signature]

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road



S-622
50 2025STURGES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2025

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HERBERT E. STURGES		2. DATE OF DEATH March 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1707 Ellsworth Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 11, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asphalt Pigger - Ploggenhasing Co.		9. AGE (In years last birthday) 52	
13. FATHER'S NAME John Sturges		11. BIRTHPLACE (State or foreign country) Sparrows Point, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		17. INFORMANT Heroy Sturges	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia due to hanging DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Incised wounds of both wrists OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	

MEDICAL CERTIFICATION

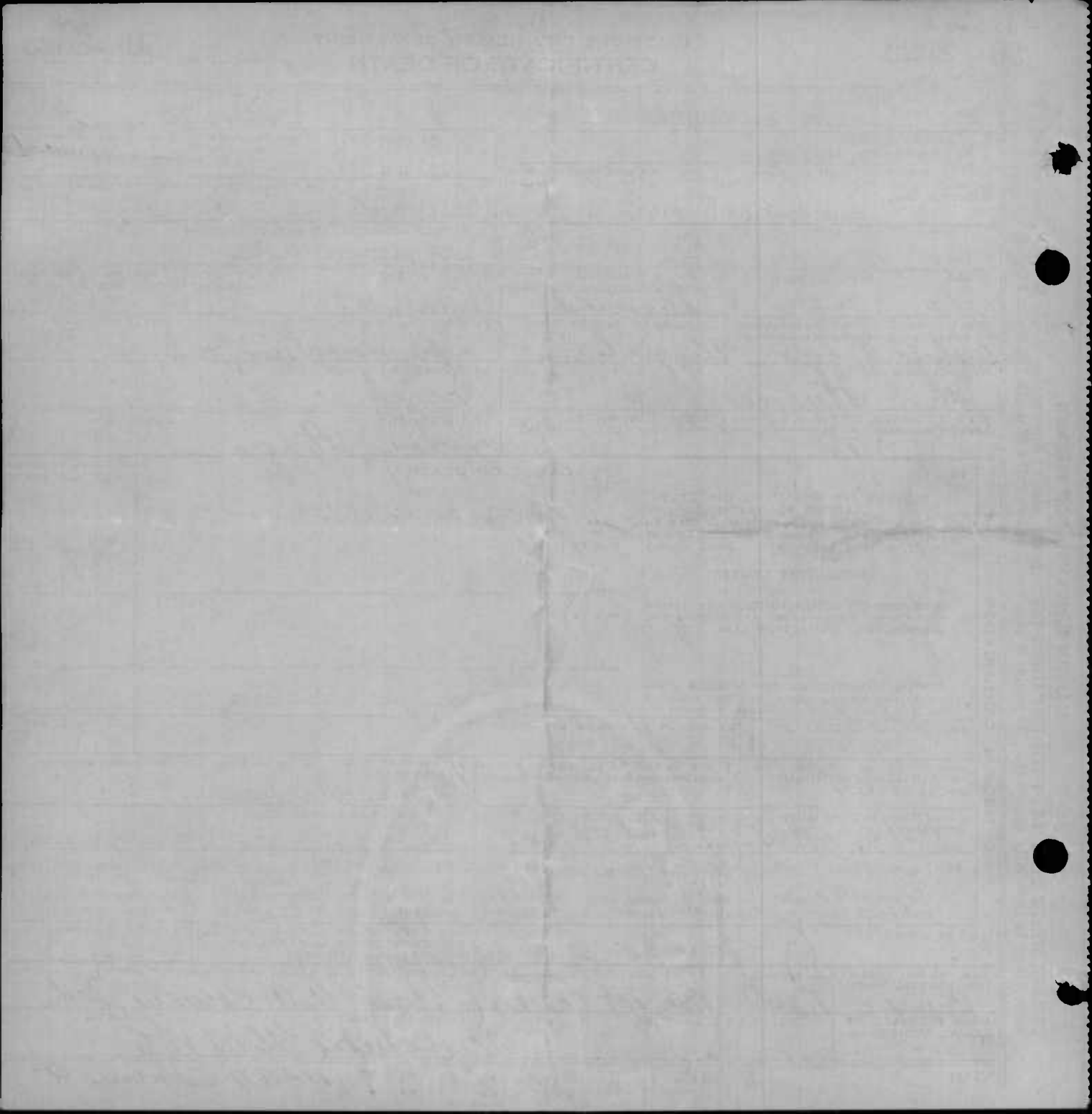
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1707 Ellsworth Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 6, 1950 9 - 10 a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self by rope from sewage pipe	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 1950		24C. NAME OF CEMETERY OR CREMATORY Int Calvary Ave	
24D. LOCATION (City, town, or county) (State) A.A. County Md.		24E. FUNERAL DIRECTOR Miss Robert G. Elliott & Son		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1950		REGISTRAR'S SIGNATURE Miss Robert G. Elliott & Son		ADDRESS	

VS 151

N-991 10150496V9027 11297 Calhoun St 164a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



J-250
50 2026

JACKSON

50 2026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>49-24606</u>	
1. NAME OF DECEASED (Type or Print) <u>Verna E. Jackson</u>	
2. DATE OF DEATH <u>March 5, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>md.</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
7. STREET ADDRESS (If rural, give location) <u>908 N. Central Ave</u>	
8. Length of stay in Baltimore Yrs. <u>33</u> Mos. <u>10-02</u> Days <u>10-02</u>	
9. SEX <u>Female</u>	10. COLOR OR RACE <u>Colored</u>
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
12. DATE OF BIRTH <u>9-18-49</u>	
13. AGE (In years last birthday) <u>6</u> <u>5</u> <u>17</u>	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
15. KIND OF BUSINESS OR INDUSTRY	
16. BIRTHPLACE (State or foreign country) <u>Beth. Md.</u>	
17. CITIZEN OF WHAT COUNTRY?	
18. FATHER'S NAME <u>Bernard Bryant</u>	
19. MOTHER'S MAIDEN NAME <u>Mary F. Jackson</u>	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
21. SOCIAL SECURITY NO.	
22. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>	
23. ADDRESS	

18. <u>340.0</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Influenzal meningitis</u>			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>3-4</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>50</u> , to <u>3-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-5</u> , 19 <u>50</u> , and that death occurred at <u>9:25</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>James E. Gumble Jr.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>3/6/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 8/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Ad. County Md</u>		24E. FUNERAL DIRECTOR <u>Mr. Robert A. Elliott, Jr.</u>		24F. ADDRESS	
24G. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 7 - 1950</u>		24H. REGISTRAR'S SIGNATURE <u>William J. Williams</u>		24I. ADDRESS	
VS 150 <u>195000002020</u> <u>336</u> <u>1129 N. Caroline</u>					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased: *John J. Smith*

2. Date of death: *Jan 15, 1914*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2027

50 2027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Cuffee

2. DATE
OF DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 8-07

6. Length of stay in Baltimore Yrs.
Mos.
Days

13 yrs.

D. STREET ADDRESS (If rural, give location)

1113 N. Bond St

7. SEX

Male

8. COLOR OR RACE

Colored

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

April 13, 1880 69

11. AGE (In years
last birthday)12. Under 1 Year
Months: Days13. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Portsmouth Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Cuffee

14. MOTHER'S MAIDEN NAME

Harricott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive arteriosclerotic
cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1950, to 3-6, 1950, that I last saw the
deceased alive on 3-6, 1950, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William W. Winternitz

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Mar 7, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

99 County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 1950

REGISTRAR'S SIGNATURE

William W. Winternitz

25. FUNERAL DIRECTOR

Mrs. Robert J. Elliott & Daughter

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased
2. Date of death

10/10/1914

C-636
50 2028BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2028
Registered No.

1. NAME OF DECEASED (Type or Print) MAMIE		2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32	
C. Length of stay in Baltimore 35 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2904 Round Road	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1 1906
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTH PLACE (State or foreign country) S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Edwards	
14. MOTHER'S MAIDEN NAME Gussie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT William Carter	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema CAUSE OF DEATH (A) Hypertensive heart disease DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

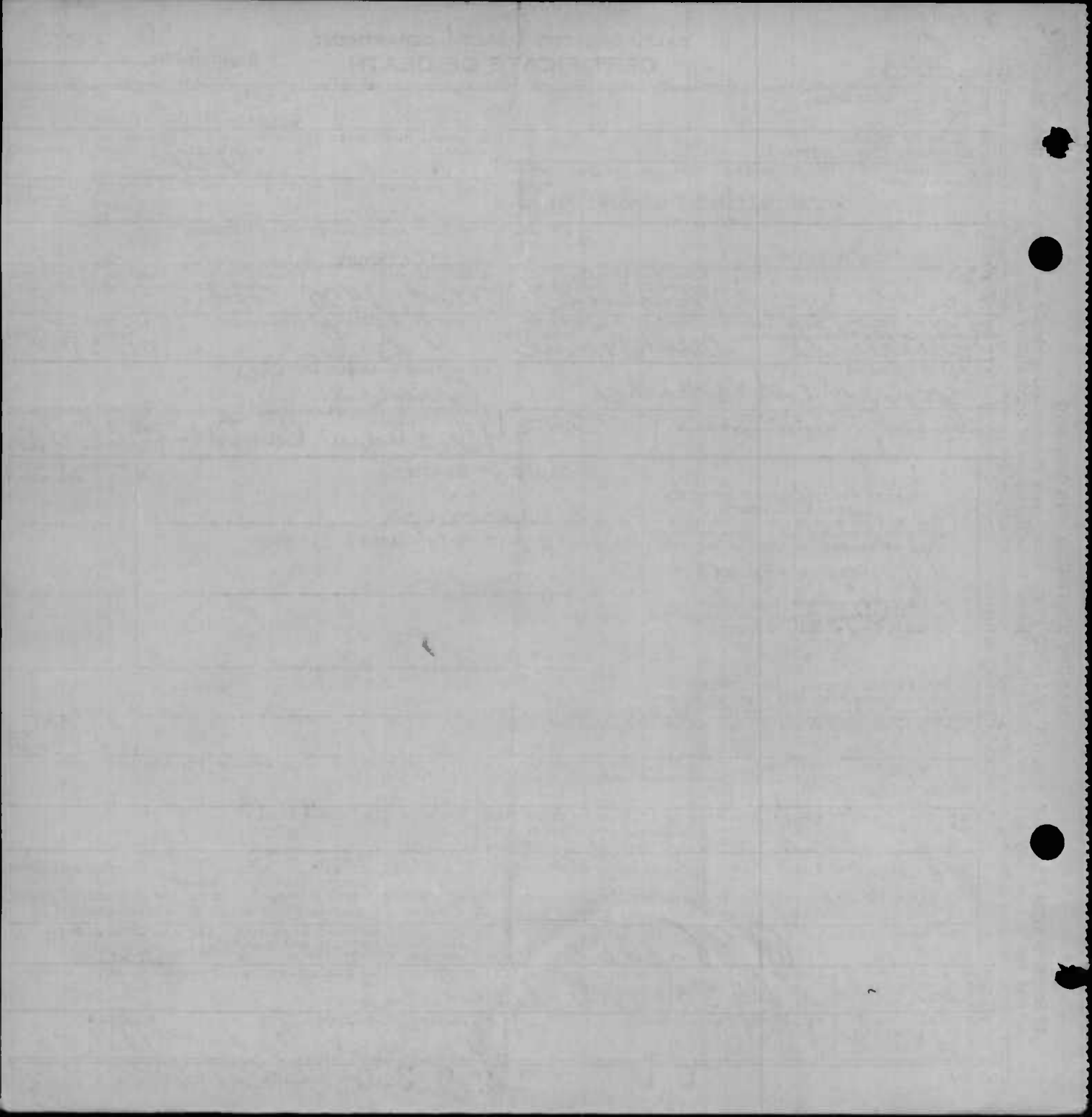
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 3-6-50
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/10/50	24C. NAME OF CEMETERY OR CREMATORY mt. Auburn	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1950	REGISTRAR'S SIGNATURE W. Halstead	25. FUNERAL DIRECTOR W. Halstead	ADDRESS 918 - 2nd St. Hall Ave. 930
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2029
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jamer Upsher</i>		2. DATE OF DEATH <i>3/5/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>city</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>5</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>608 - Jasper St.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-3-1878</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Freight Broker</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Margie Upsher - Jasper St.</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Anterior-sclerotic Heart Disease</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Autops. & Inq.</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Earl L. Royer</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>3/5/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>3/10/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt. Auburn</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		25. FUNERAL DIRECTOR <i>W. Halstead</i> ADDRESS <i>918 -</i>	

MINISTRE DE LA SÉCURITÉ
CERTIFICATE OF DEATH

1. NOM (Last Name)		2. PRÉNOM (First Name)	
3. DATE DE NAISSANCE (Date of Birth)		4. LIEU DE NAISSANCE (Place of Birth)	
5. DATE DE DÉCÈS (Date of Death)		6. LIEU DE DÉCÈS (Place of Death)	
7. CAUSE DE DÉCÈS (Cause of Death)		8. MÉDECIN TRAITANT (Attending Physician)	
9. MÉDECIN GÉNÉRALISANTE (General Practitioner)		10. MÉDECIN D'URGENCE (Emergency Physician)	
11. MÉDECIN LÉGISTE (Coroner)		12. MÉDECIN VÉTÉRINAIRE (Veterinarian)	
13. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		14. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
15. MÉDECIN D'ENTENDUE (Audiologist)		16. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
17. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		18. MÉDECIN D'ENTENDUE (Audiologist)	
19. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		20. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
21. MÉDECIN D'ENTENDUE (Audiologist)		22. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
23. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		24. MÉDECIN D'ENTENDUE (Audiologist)	
25. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		26. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
27. MÉDECIN D'ENTENDUE (Audiologist)		28. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
29. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		30. MÉDECIN D'ENTENDUE (Audiologist)	
31. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		32. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
33. MÉDECIN D'ENTENDUE (Audiologist)		34. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
35. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		36. MÉDECIN D'ENTENDUE (Audiologist)	
37. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		38. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
39. MÉDECIN D'ENTENDUE (Audiologist)		40. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
41. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		42. MÉDECIN D'ENTENDUE (Audiologist)	
43. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		44. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
45. MÉDECIN D'ENTENDUE (Audiologist)		46. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
47. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		48. MÉDECIN D'ENTENDUE (Audiologist)	
49. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		50. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
51. MÉDECIN D'ENTENDUE (Audiologist)		52. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
53. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		54. MÉDECIN D'ENTENDUE (Audiologist)	
55. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		56. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
57. MÉDECIN D'ENTENDUE (Audiologist)		58. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
59. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		60. MÉDECIN D'ENTENDUE (Audiologist)	
61. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		62. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
63. MÉDECIN D'ENTENDUE (Audiologist)		64. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
65. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		66. MÉDECIN D'ENTENDUE (Audiologist)	
67. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		68. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
69. MÉDECIN D'ENTENDUE (Audiologist)		70. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
71. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		72. MÉDECIN D'ENTENDUE (Audiologist)	
73. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		74. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
75. MÉDECIN D'ENTENDUE (Audiologist)		76. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
77. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		78. MÉDECIN D'ENTENDUE (Audiologist)	
79. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		80. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
81. MÉDECIN D'ENTENDUE (Audiologist)		82. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
83. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		84. MÉDECIN D'ENTENDUE (Audiologist)	
85. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		86. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
87. MÉDECIN D'ENTENDUE (Audiologist)		88. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
89. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		90. MÉDECIN D'ENTENDUE (Audiologist)	
91. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		92. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
93. MÉDECIN D'ENTENDUE (Audiologist)		94. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	
95. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)		96. MÉDECIN D'ENTENDUE (Audiologist)	
97. MÉDECIN D'OPHTHALMIE (Ophthalmologist)		98. MÉDECIN D'OTO-RHINO-LARYNGOLOGIE (Otolaryngologist)	
99. MÉDECIN D'ENTENDUE (Audiologist)		100. MÉDECIN D'OPHTHALMIE (Ophthalmologist)	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-100

Abhau

50 2030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2030

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Mr. Charles H. Abhau, Jr.</u>		2. DATE OF DEATH <u>March 6th 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Incurables, Baltimore 11, Md.</u>		D. STREET ADDRESS (If rural, give location) <u>2218 N. North Avenue</u>		E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 22nd 1868</u>	9. AGE (in years last birthday) <u>81</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Liquidator in U.S. Customs</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	
12. FATHER'S NAME <u>Charles H. Abhau Sr.</u>		13. MOTHER'S MAIDEN NAME <u>Eva Barbara Gegner</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>None</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>477. Webb 700 W. 40th St. Balt. 11, Md.</u>	
18. <u>191 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of 4th right finger -</u> DUE TO <u>Generalized</u> ANTECEDENT CAUSES <u>Milstones from Carcinoma 4th right</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Old Polymyositis (Lys)</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>3 years</u> <u>64 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>12/16/46</u>		19B. MAJOR FINDINGS OF OPERATION <u>Cystitis 4th right finger</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/27</u> , 19 <u>40</u> , to <u>3/6</u> , 1950, that I last saw the deceased alive on <u>Mar. 6th</u> , 19 <u>50</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes, and on the date stated above.					
23A. SIGNATURE <u>W. Grafton Herzog</u>		23B. ADDRESS <u>214 Medical Bldg</u>		23C. DATE SIGNED <u>3/7/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar. 10, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>		25. FUNERAL DIRECTOR <u>WILLIAM J. TICKNER & SONS</u>		ADDRESS <u>BAITO., MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>W. Grafton Herzog</u>		25. FUNERAL DIRECTOR <u>WILLIAM J. TICKNER & SONS</u>	
ADDRESS <u>150</u>		ADDRESS <u>2032</u>		ADDRESS <u>53</u>	

MARGIN RESERVED FOR BINDING

Was the original site
cancer of finger :- bone joint, skin,
soft part?

Letter in document file. 50-2030 4/5/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2031

Registered No. _____

50 2031

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ELSEER PAUL

2. DATE OF DEATH
Mar. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1637 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1637 Poplar Grove St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 15, 1876

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

shipping clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. E. Paul

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nora A. Paul

1637 Poplar Grove St

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cornary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*
DUE TO(C) *None*

INTERVAL BETWEEN ONSET AND DEATH

3-4-50

* 3-5-50

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1950, to 3-5, 1950, that I last saw the deceased alive on 3-5, 1950, and that death occurred at 12 N. m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

23B. ADDRESS

1201 Poplar Grove St

23C. DATE SIGNED

3-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

William J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

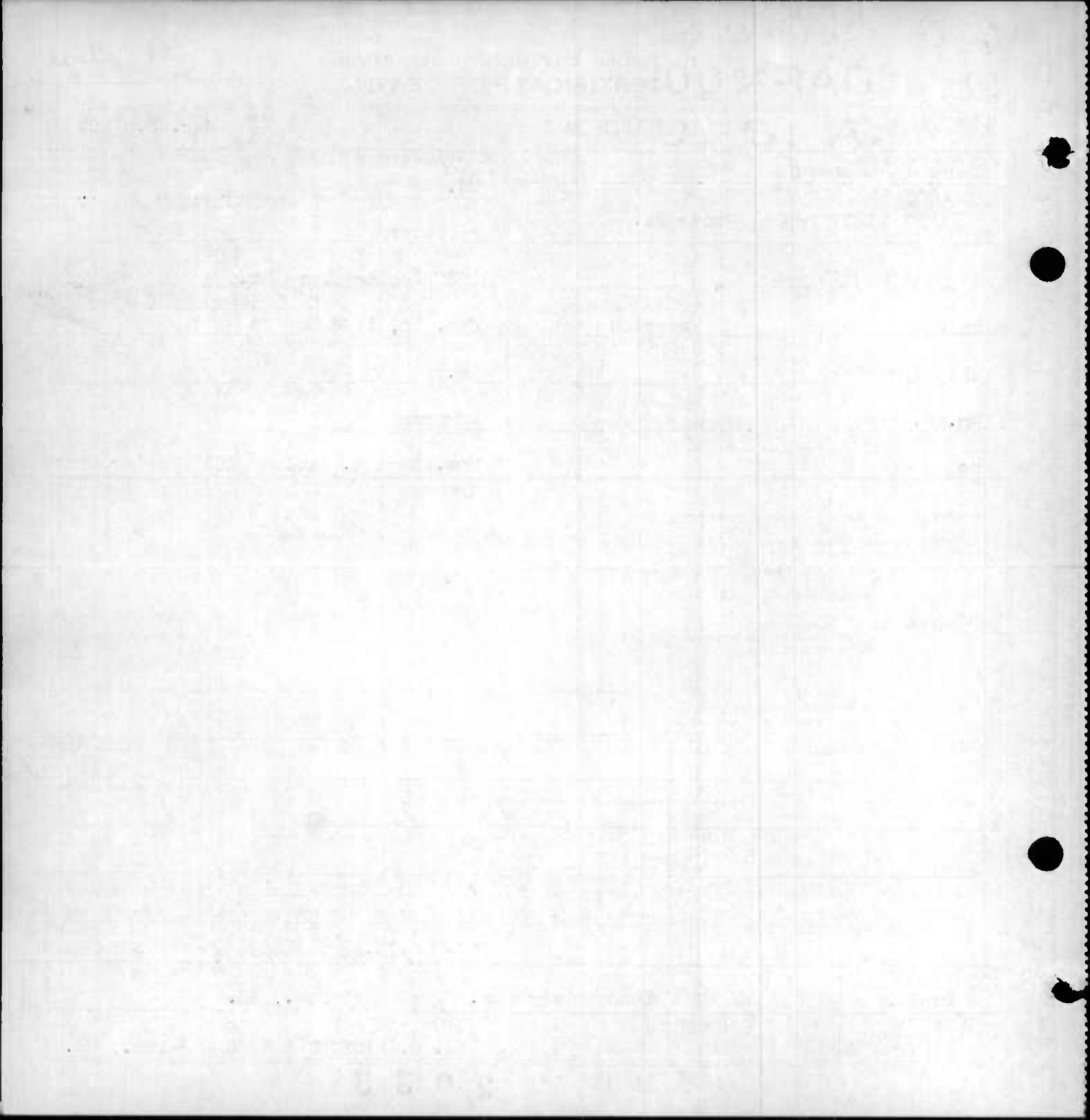
ADDRESS

Balto., Md.

VS 150

150 222 250 33

94a



M-254
50 2032BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2032

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FANNY HERMAN McANALLY

2. DATE
OF
DEATH Mar. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5302 Park Hgts. Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

5302 Park Hgts. Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Nov. 4, 1858

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Marsh

14. MOTHER'S MAIDEN NAME

Rachel Osburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Marie McAnnally 5302 Park Hgts. Ave.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cardiac DeCompensation
DUE TO Chronic Mitral Endocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) atypical Pneumonia
DUE TO

(C) Arterio Sclerosis

10 ds.

Vascular

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to March 4, 1950, that I last saw the
deceased alive on March 4, 1950, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

B. B. Emswiler

M. D.

23B. ADDRESS

7201 York Rd

23C. DATE SIGNED

3-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

Dover Church Cem.

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

W. J. TICKNER & SONS

Balto., Md.

VS 150

175002034

92B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

DATE: 10-10-68

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK (100-100000)

SUBJECT: JAMES EARL RAY
RE: NEW YORK TELETYPE TO BUREAU, 10-10-68

1. On 10-10-68, the New York Office received information from a confidential source that James Earl Ray had been seen in New York City.

2. The source stated that Ray had been seen in the vicinity of the New York City Police Department, 100-100000.

3. The source further stated that Ray had been seen in the company of several individuals who were known to him.

4. The New York Office is currently conducting an investigation into the activities of James Earl Ray and is requesting that the Bureau be kept advised of any further information received.

5. The New York Office is currently conducting an investigation into the activities of James Earl Ray and is requesting that the Bureau be kept advised of any further information received.

6. The New York Office is currently conducting an investigation into the activities of James Earl Ray and is requesting that the Bureau be kept advised of any further information received.

7. The New York Office is currently conducting an investigation into the activities of James Earl Ray and is requesting that the Bureau be kept advised of any further information received.

8. The New York Office is currently conducting an investigation into the activities of James Earl Ray and is requesting that the Bureau be kept advised of any further information received.

100-100000

W-426
50 2033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2033
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SAMUEL T. WALKER

2. DATE
OF
DEATH

Mar. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

400 E. Lake Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

400 E. Lake Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 11, 1859

9. AGE (In years
last birthday)

90

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
grocerman rtd10B. KIND OF BUSINESS OR
INDUSTRY
Grocery (R)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Walker

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen W. Harrison

3026 Abell Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial degeneration*
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

one yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *coronary sclerosis*
DUE TO(C) *Generalized arteriosclerosis*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb*, 1947, to *Mar*, 1950, that I last saw the
deceased alive on *Mar 4*, 1950, and that death occurred at *2:50 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Fredrick J. Volmer

M. D.

*6100 York Road**Mar 6, 1950*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/8/50

Friendship Cem.

Harford Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

William J. Tickner & Sons

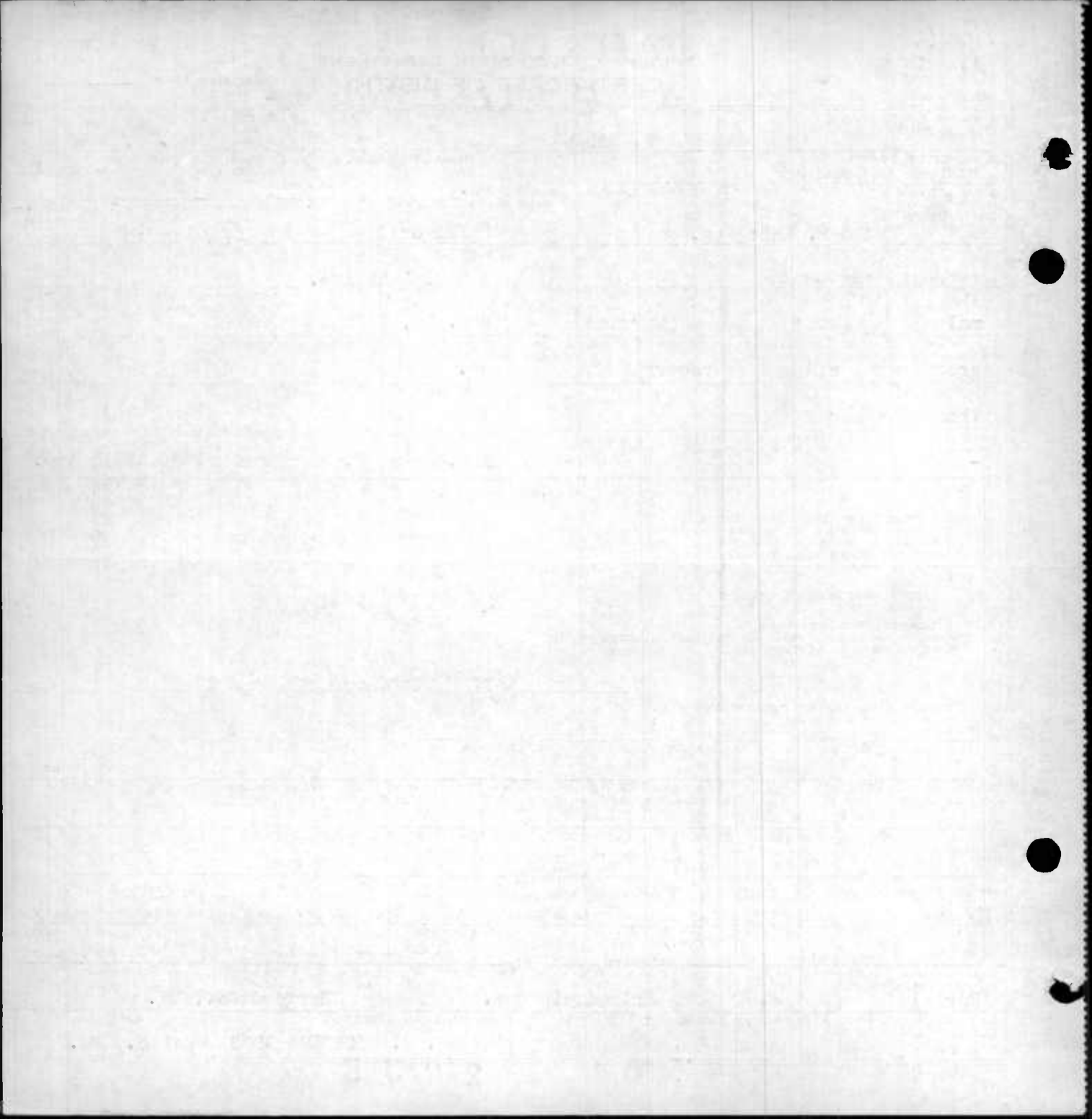
WM. J. TICKNER & SONS

Balto., Md.

VS 150

15661 2035

93D



W-240

50 2034

50 2034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. WEIKEL

2. DATE
OF
DEATH

Mar. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1111 Argonne Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1111 Argonne Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 12, 1878

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Executive Rtd.

10B. KIND OF BUSINESS OR
INDUSTRY

Printing Business

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Weikel

14. MOTHER'S MAIDEN NAME

Anna E. Just

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Louise Weikel

ADDRESS

1111 Argonne Dr.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3rd, 1950, to 3/5th, 1950, that I last saw the
deceased alive on 3/3rd, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. Janikin

23B. ADDRESS

100 N. Muttler av

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William F. Williams, Jr.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

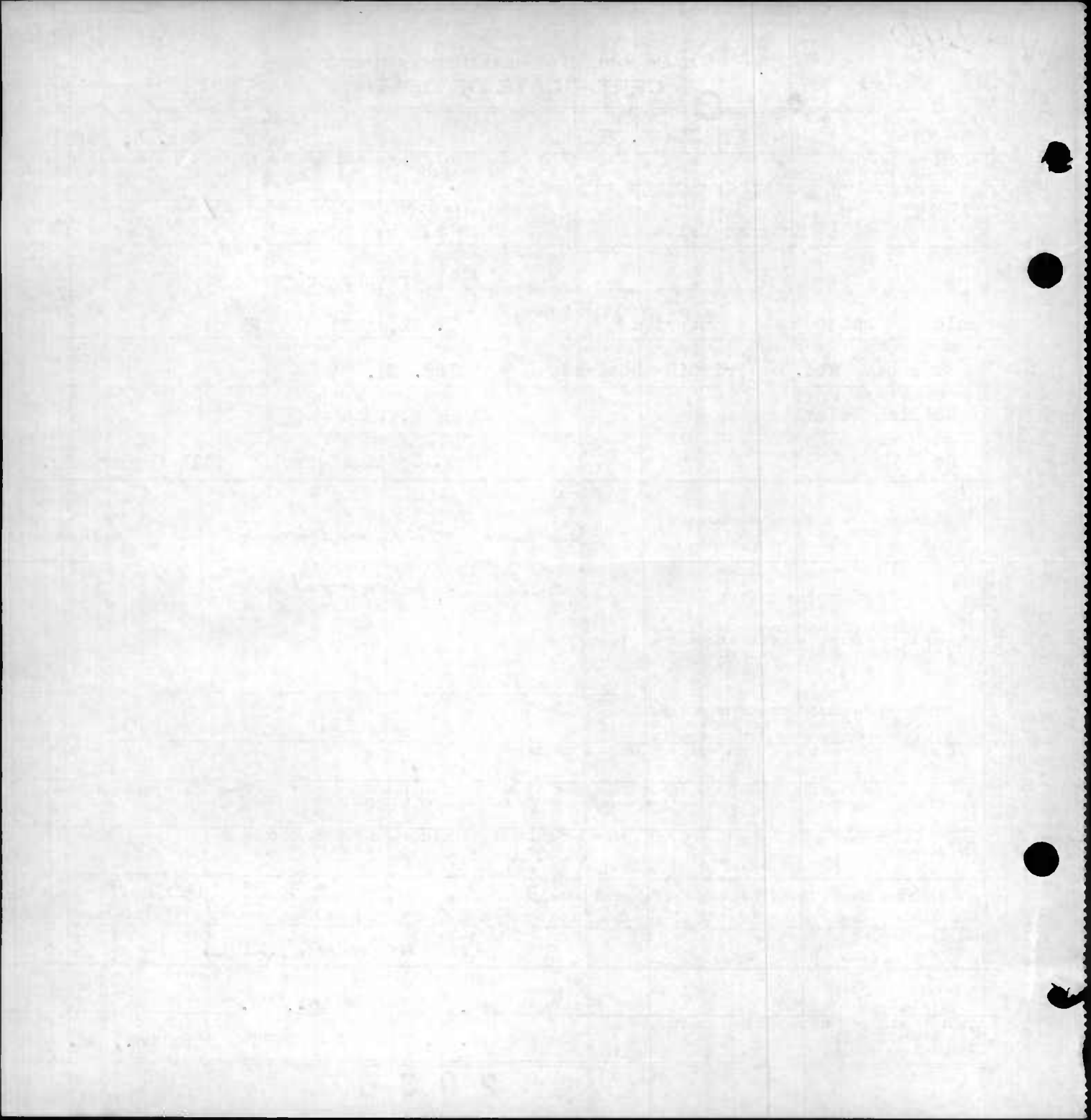
ADDRESS

Balto., Md.

VS 150

956142036

94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2035

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen O'Brien

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 425 E. Chase St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

D.O.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

425 E. Chase St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 16

9. AGE (In years
last birthday)

94

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Lambertville ? N. J.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Peter Dempsey

14. MOTHER'S MAIDEN NAME

Margaret McDermott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Nellie Dempsey 425 E. Chase St

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-
Vascular Disease

?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to Mar. 6, 1950, that I last saw the
deceased alive on Mar. 5, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammner, Jr. M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Mar. 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Williamsport, Penna.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

Wm. H. Kammner, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E. Biddle St

VS 150

1 4 5 0 0 0 2 0 3 2

937

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Name of Patient		Age		Sex	
Address		City		State	
Date of Admission		Date of Discharge		Date of Death	
Cause of Death		Place of Death		Occupation	
Medical History		Surgical History		Family History	
Physical Examination		Laboratory Examinations		X-ray Examinations	
Treatment		Nursing		Diet	
Prognosis		Disposition		Remarks	

J-100
50 2036Jubb
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2036
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

1 Barbara Jubb

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

None for the aged

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

March 24, 1860

9. AGE (In years
last birthday)

89

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Christian Groh

14. MOTHER'S MAIDEN NAME

Mary Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT *John J. Meyer* ADDRESS
1200 Valley St.

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Mitral Stenosis

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arterio Sclerosis

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10 - , 1950, to Mar 6 - , 1950, that I last saw the
deceased alive on Mar 6 - , 1950, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall M.D.

M. D.

23B. ADDRESS

1631 E. North Ave.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 906 E. Biddle St.

VS 150

59500102030

92B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

BOARD

1002/F

01/5/4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2037
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mary Cooney*2. DATE
OF
DEATH*March 5, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Gillie Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1200 Valley St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S.*

8. DATE OF BIRTH

Oct. 20, 1864

9. AGE (In years last birthday)

*85 yrs*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Cooney

14. MOTHER'S MAIDEN NAME

Ellen Hessman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Lila Ignatius
*1200 Valley St.*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Edema Lungs**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Chronic Myocarditis**10 yrs*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

*Arteriosclerosis**10 yrs*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Feb 1*, 1950, to *March 5*, 1950, that I last saw the deceased alive on *March 5*, 1950, and that death occurred at *11 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall MD

23B. ADDRESS

1631 E North ave

23C. DATE SIGNED

March 6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**Mar 8, 1950**Cathedral**Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

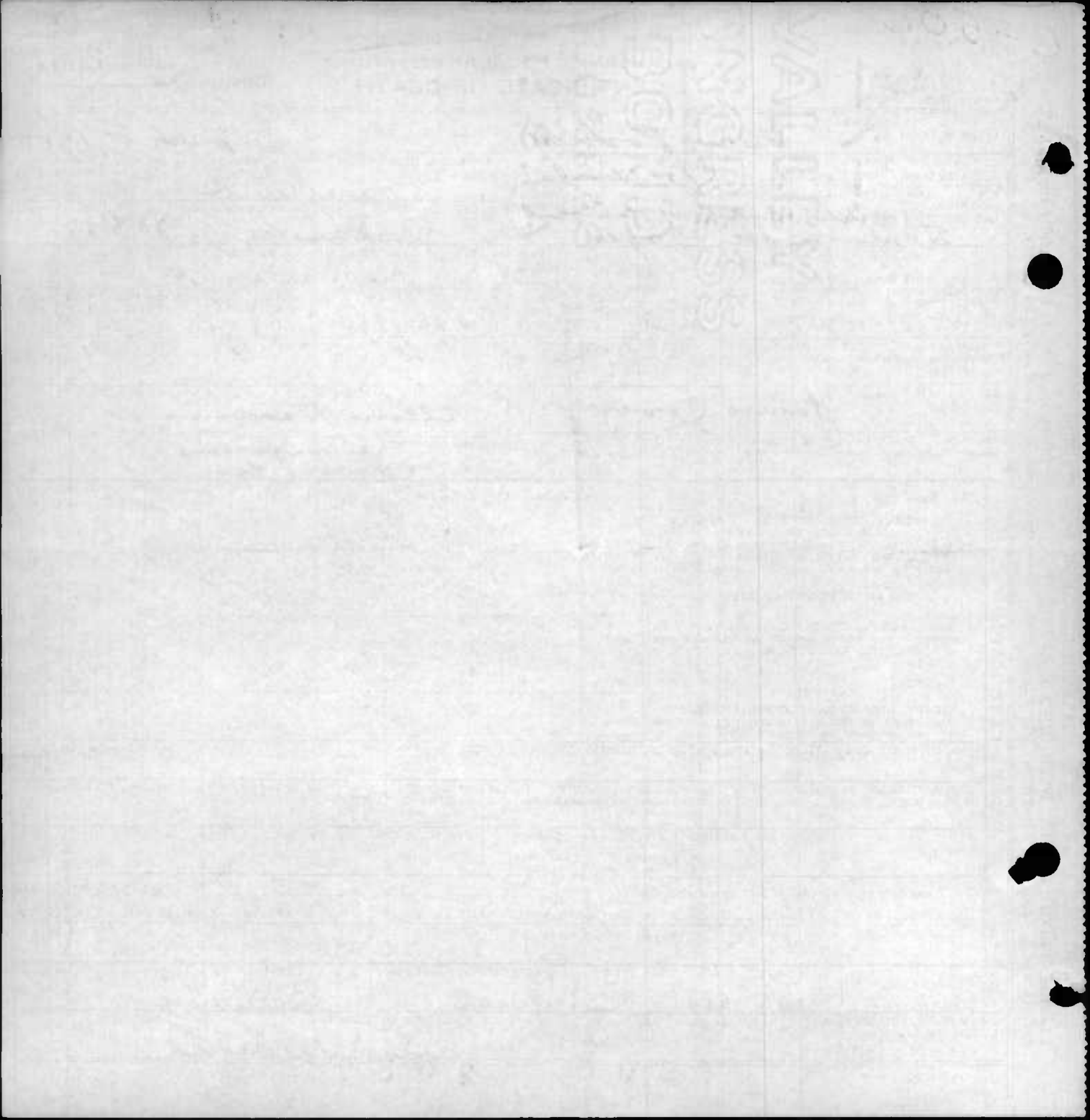
ADDRESS

*MAR 7 - 1950**William J. Williams, Jr.**Rita Windfeld*

VS 150

19500002037

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 2038**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Norton Lewis

2. DATE OF DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

before admission

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-04

D. STREET ADDRESS (If rural, give location)

1543 N. Patterson Pk. Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHARLES LEWIS

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *241X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Bronchopneumonia*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Bronchial Asthma, Severe*

DUE TO

2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *?Cerebrovascular Accident*

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *3/4*, 19*49*, to *3/6*, 19*50*, that I last saw the deceased alive on *3/6*, 19*50*, and that death occurred at *8:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Hartmann, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 8th 1950

24C. NAME OF CEMETERY OR CREMATORY

Mountain Christon

24D. LOCATION (City, town, or county)

Harford Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Leo S. Lockwood 1703 N. Patterson Park Ave

ADDRESS

2706. *Silene vulgaris*

02/11/10

B-600

for approval

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2039

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Barry

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Cambridge Arms Apts.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Charles & 34th Streets.

c. Length of stay in Baltimore

About 65 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

----- About 65

9. AGE (in years
last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick T. Barry

14. MOTHER'S MAIDEN NAME

Teresa Kenny

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss R. K. Molz Cambridge APTS.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Occlusion

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arterio Sclerosis (Cardiovascular)

unknown

(C)

CERTIFICATION APPROVED BY

Dr. John B. Davis

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1947, to Feb., 1950, that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Goodborough

M. D.

23B. ADDRESS

2923 St Paul St

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

No. 25, Speaks

ADDRESS

Don 505 N. Calver St.

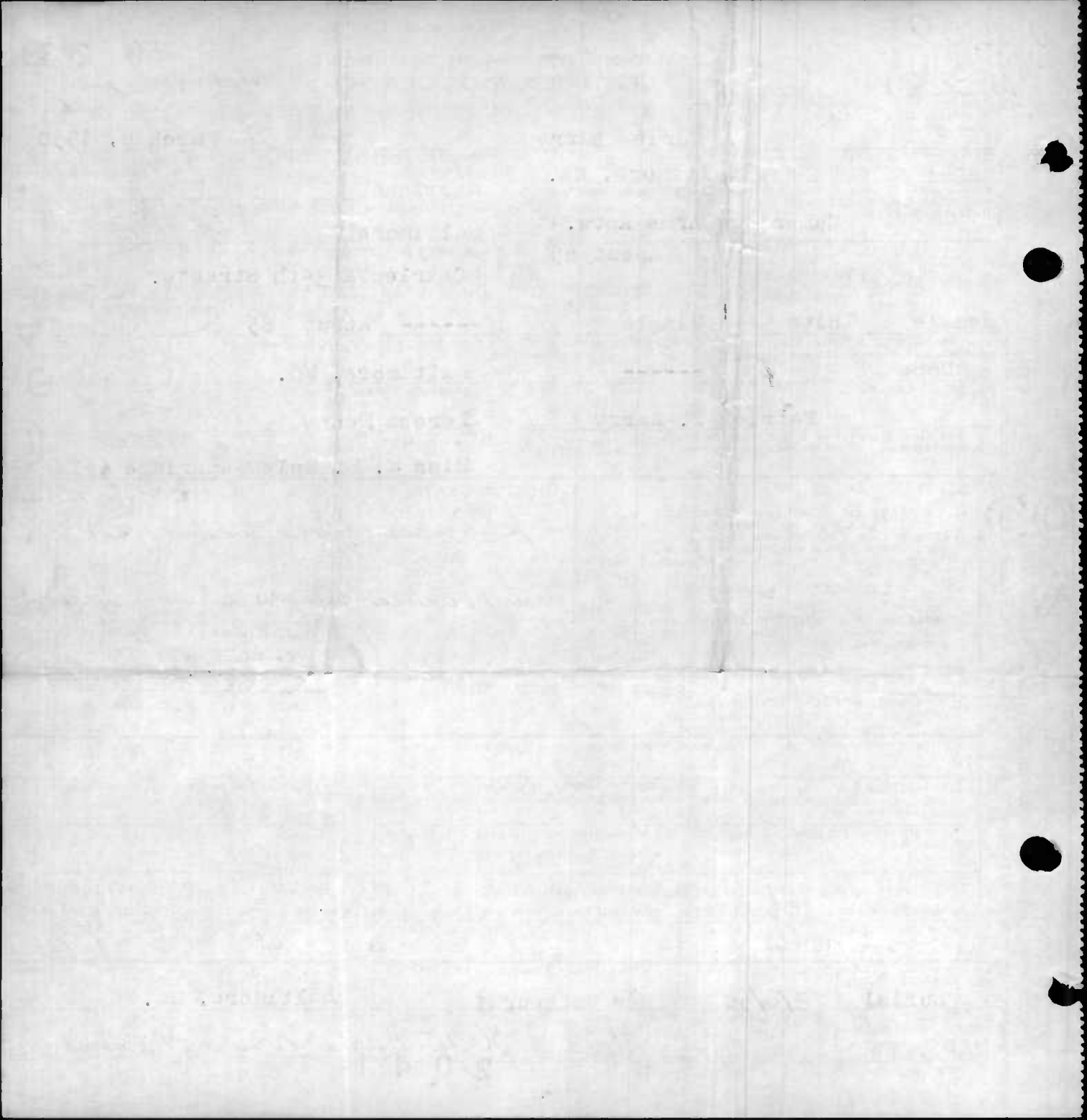
VS 150

2041

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2040

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE A. GAINES

2. DATE
OF
DEATH

7 MARCH 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Pimlicia Road*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*4638*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore**27-16*

c. Length of stay in Baltimore

*43 yrs.*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4638 Pimlicia Road

5. SEX

m

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*5-12-1897*9. AGE (In years
last birthday)*52*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired manager*10B. KIND OF BUSINESS OR
INDUSTRY*Retail Chain Grocery*

11. BIRTHPLACE (State or foreign country)

*Virginia*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Rev. Frederick A. Gaines

14. MOTHER'S M maiden NAME

*Mary E. de Lashmuth*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*216-03-5157*

17. INFORMANT

ADDRESS

Mrs. Geo. Gaines - 4638 Pimlicia Road

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH*?*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Biopsy showed Carcinoma of Gastric origin

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *28 Jan*, 1950, to *7 Mar*, 1950, that I last saw the
deceased alive on *7 Mar*, 1950, and that death occurred at *8:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Blair Stewart H. Shaw

M. D.

23B. ADDRESS

1261 E Belvedere Ave

23C. DATE SIGNED

*7 Mar 1950*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3-9-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 7 - 1950*

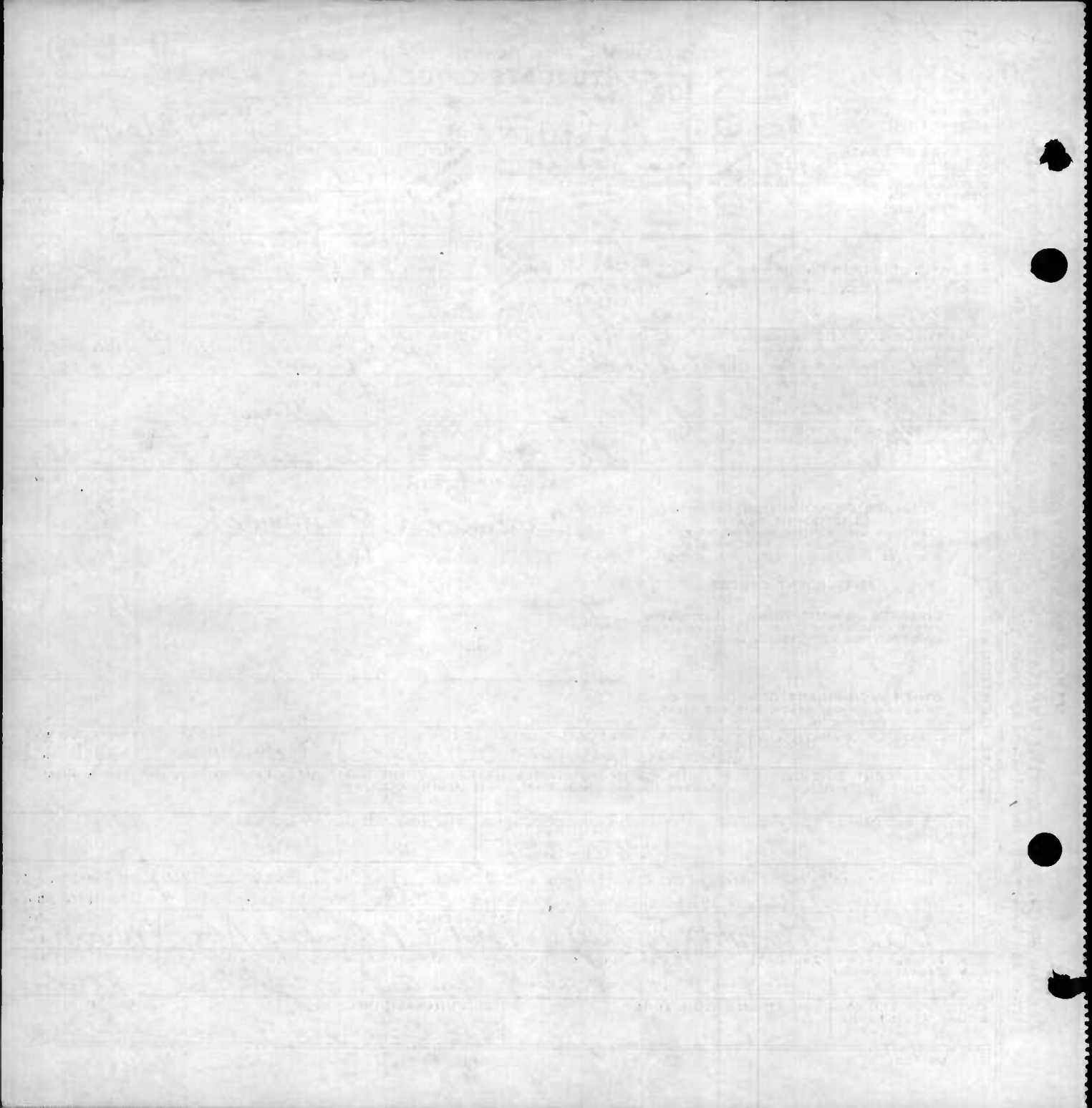
REGISTRAR'S SIGNATURE

Blair Stewart H. Shaw

25. FUNERAL DIRECTOR

ADDRESS

C. E. Cline & Son - Frederick - Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Elizabeth Eckels

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2041

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Eckels

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3614 Spaulding Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3614 Spaulding Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 25, 1858

9. AGE (In years,
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S. C.

13. FATHER'S NAME

Conrad Benner

14. MOTHER'S MAIDEN NAME

Nettie Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William F. Eckels 3614 Spaulding Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular disease

30 years
or more

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1, 1949, to March 6, 1950, that I last saw the deceased alive on Dec 1, 1949, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Bird

23B. ADDRESS

2818 St. Paul St.

23C. DATE SIGNED

March 6, 1950

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

March 8/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

Loring Byers

5805th N. Ave.

VS 150

109 5 0 0 0 0 2 0 4 3

930

1949
58
91

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 2042**

50 2042

1. NAME OF DECEASED (Type or Print) CLAUD HARRIS			2. DATE OF DEATH March 3, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 115 W. 22nd Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 115 W. 22nd Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 18, 1904		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor		10B. KIND OF BUSINESS OR INDUSTRY APT. House	11. BIRTHPLACE (State or foreign country) Huntersville, N.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Rip Harris			14. MOTHER'S MAIDEN NAME Adella ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Lucille Harris 115-22 St.		

<p>18. 151X</p> <p>CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Carcinomatosis due to carcinoma of the stomach</p> <p align="center">stomach</p> <p align="center">stomach</p> <p>(B)</p> <p align="center">CAUSE OF DEATH</p> <p>(C)</p>
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED March 4, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-7-1950	24C. NAME OF CEMETERY OR CREMATORY mt. Zion	24D. LOCATION (City, town, or county) (State) Baltimore City	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Mrs. Katie R. Williams, 322 N. Schuyler

VS 151

4950740812044

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2043
Registered No. _____

BIRTH NO. _____

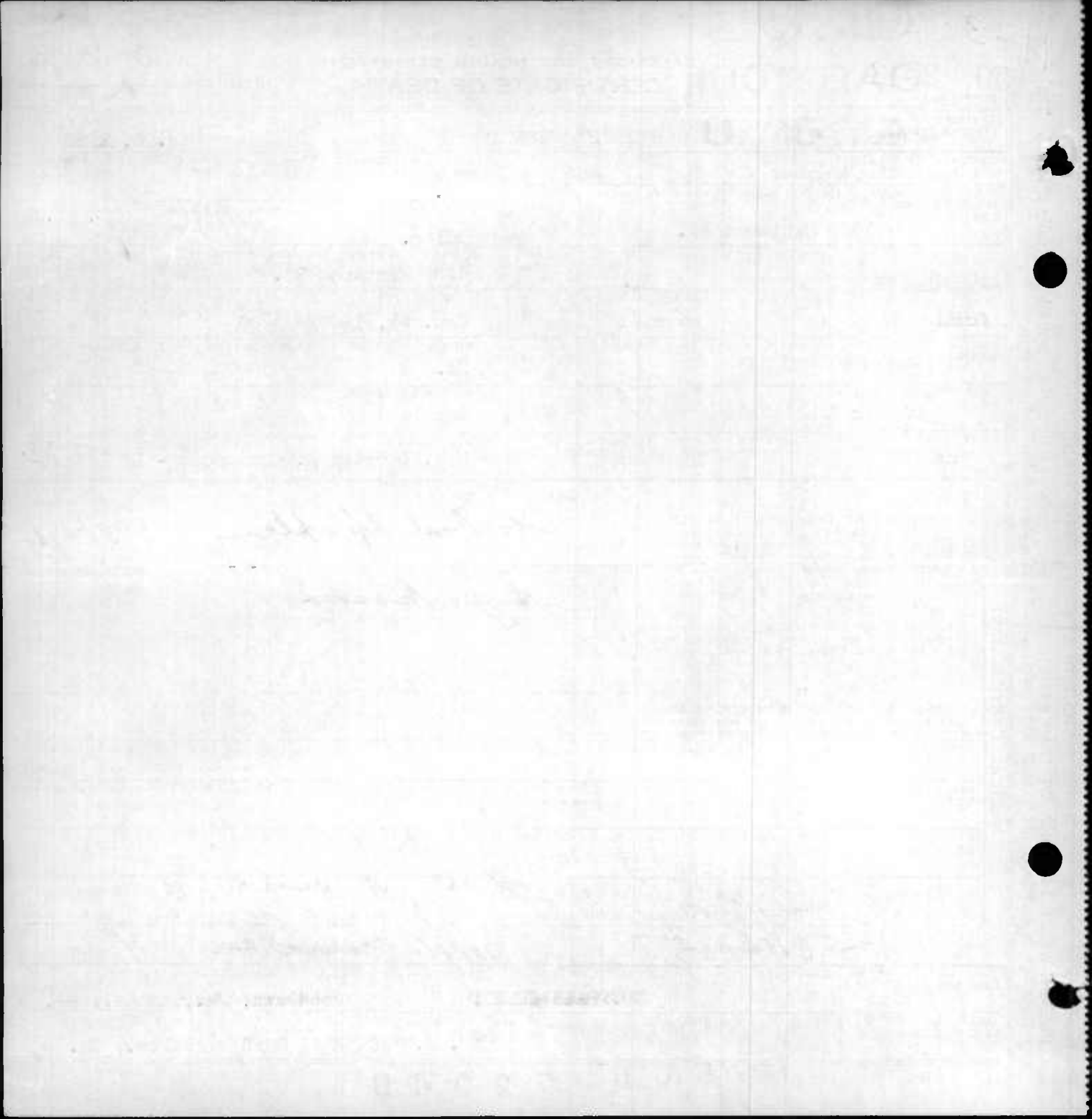
1. NAME OF DECEASED (Type or Print) (Anna Louise) ROSE SCHULTHEIS HEDEMAN			2. DATE OF DEATH Mar. 5, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1388 Pentwood Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 27-09		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1388 Pentwood Rd.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 31, 1869		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Unknown Schultheis			14. MOTHER'S MAIDEN NAME Sophia ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT			ADDRESS wood Rd. Mrs. Dorothy H. Champness - 1388 Pent-		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 8 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 26 , 19 50 , to March 5 , 19 50 , that I last saw the deceased alive on March 5 , 19 50 , and that death occurred at 8 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. J. Tickner		23B. ADDRESS 701 N. Woodward Ave.		23C. DATE SIGNED 3/7/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/9/50		24C. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	
				24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		REGISTRAR'S SIGNATURE Wm. J. Tickner		25. FUNERAL DIRECTOR WM. J. TICKNER & SONS	
				ADDRESS Balto., Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-255 MS--D.O.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2044

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Kosman

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

903 N. Maderia St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1878

9. AGE (In years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRYBuilding & repair
(CONSTR)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Kosman

14. MOTHER'S MAIDEN NAME

Matilda Linbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

113-01-5235

17. INFORMANT Baltimore City Hospitals
Records--4940 Eastern Ave.

18. 4rr.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

Dr. Wm. G. Helfrich

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 1950 to D.O.A., 1950 that I last saw the
deceased alive on D.O.A., 1950, and that death occurred at D.O.A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1950

Thatcher Williams

Frank Brochden 800 E. Belcher

VS 150

TO BE APPROVED BY CHIEF MEDICAL EXAMINER

308 V9

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The deceased had been treated at intervals at the Baltimore City Hospital,
since January 13, 1950.

Dr. Russell S. Fisher

630
MS-136222

50 2045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2045

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hubert (Hubert) E. Ford

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

31 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

c. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

731 W. Fayette St.

Zone 1

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 30, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Banker

10B. KIND OF BUSINESS OR
INDUSTRY

Building Co. N.Y.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Deceased)

14. MOTHER'S MAIDEN NAME

(Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records--4940 Eastern Ave.

18.

002

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis with terminal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-1950 to 3-7-1950, that I last saw the
deceased alive on 3-7-1950, and that death occurred at 11:55AM, from the causes and on the date stated above.

23A. SIGNATURE

B.C.H.--4940 Eastern Ave.

23B. ADDRESS

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/50

St. Marys - Hampden

Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

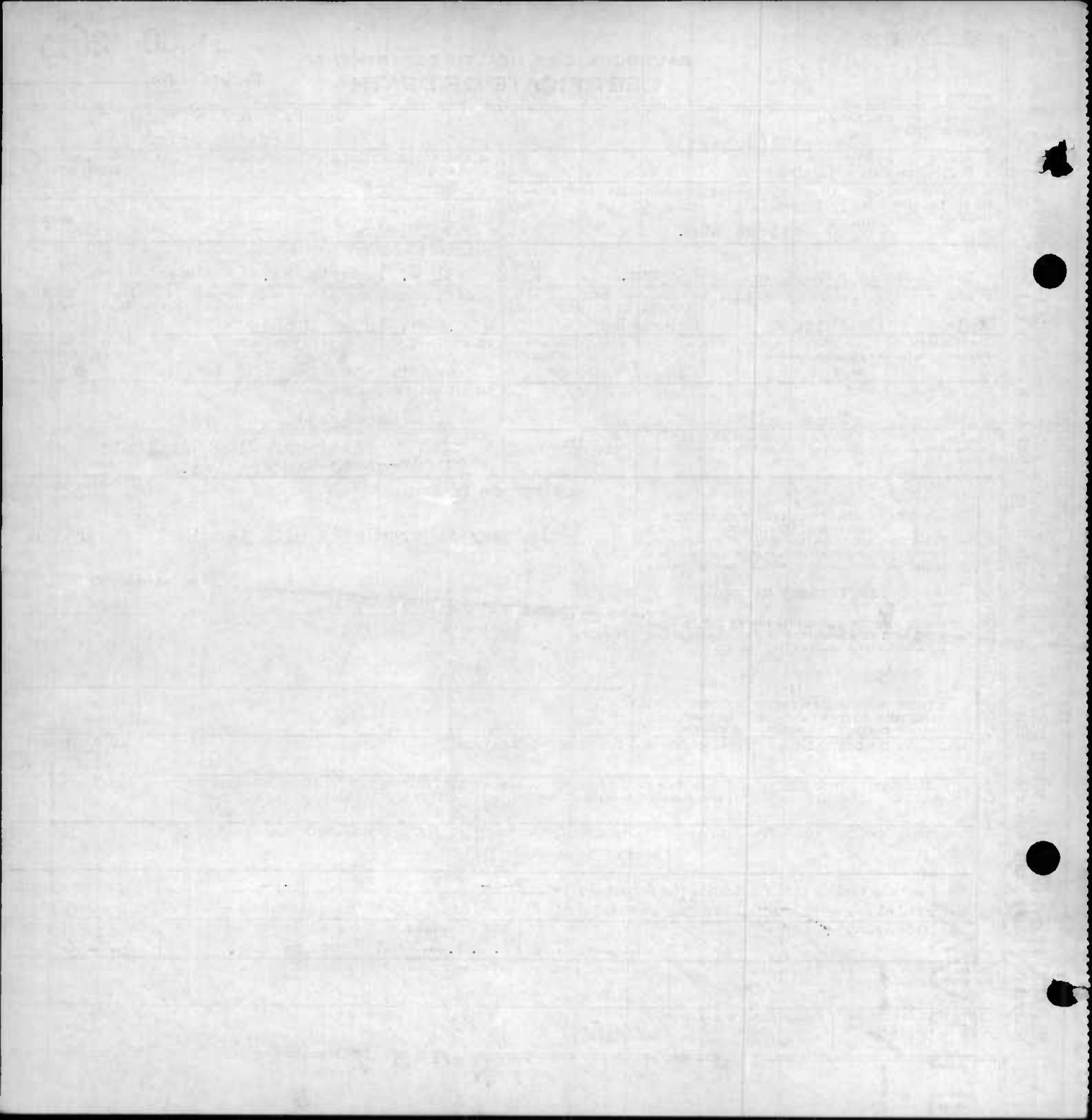
MAR 8 - 1950

Huntington Williams, Jr.

Wm. Cook, Inc. 1217 St. Paul St

MARGIN CERTIFICATION FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 2046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2046

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY MARKS

2. DATE
OF
DEATH

March 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

107 S. Chapel St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-01

D. STREET ADDRESS (If rural, give location)

107 S. Chapel St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 5, 1878

9. AGE (in years
last birthday)

71

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Reinecker

14. MOTHER'S MAIDEN NAME

Elizabeth (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Elizabeth Gullar, 107 S. Chapel St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

4-6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus

10-15 yrs

(C)

Adenocarcinoma of Cervix

2 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1942, to March 5, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

National

24D. LOCATION (City, town, or county)

(State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRY

MAR 8 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

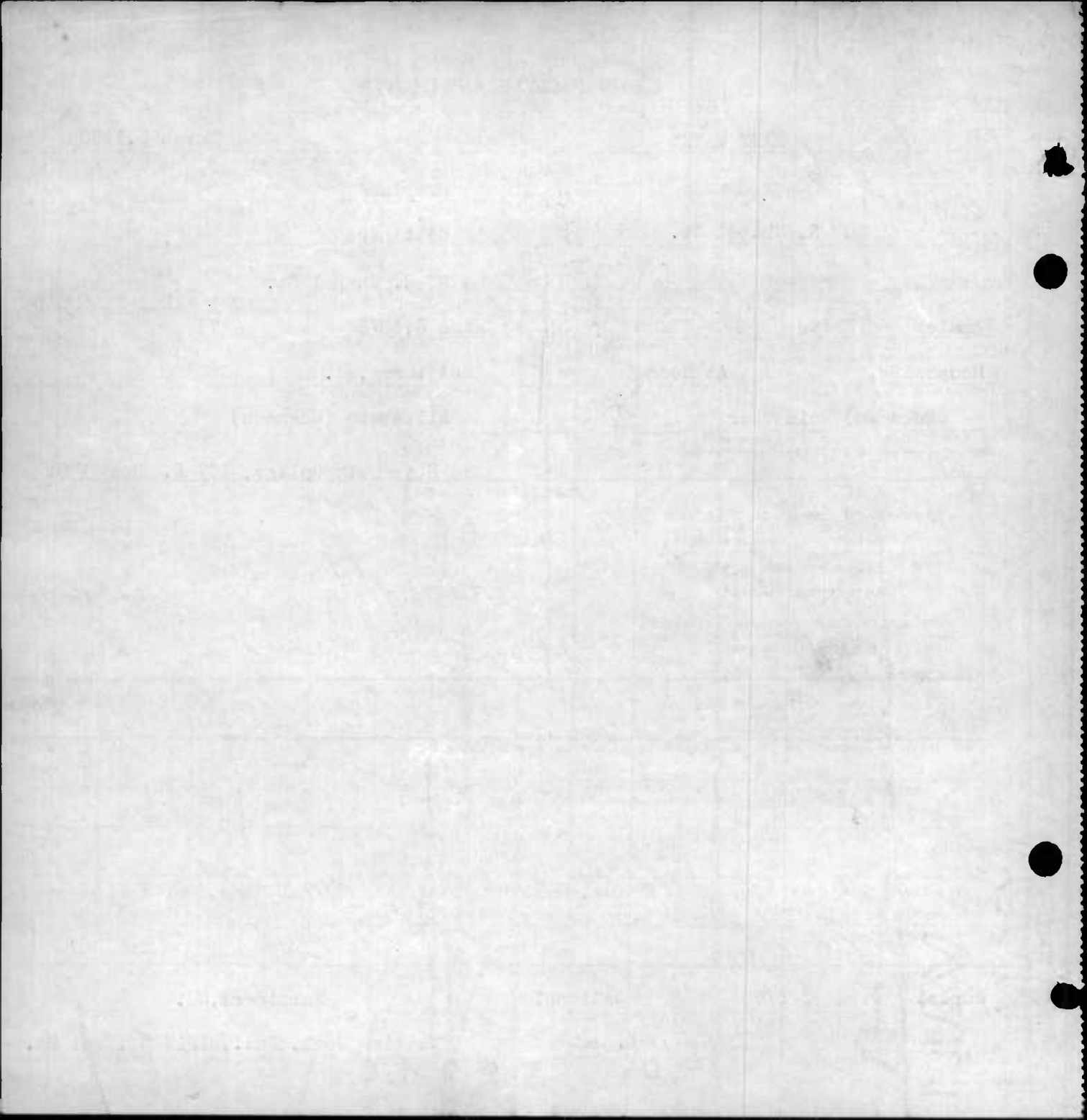
ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 150

11-505-0000 2040

48a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2047

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosella Gertrude Spicer

2. DATE
OF
DEATH

Mar. 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4207 Audrey Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-04

D. STREET ADDRESS (If rural, give location)

4207 Audrey St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 29, 1920

9. AGE (In years last birthday)

29

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Spicer

14. MOTHER'S MAIDEN NAME

Ruby (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Marion Spicer, 4207 Audrey Ave

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer J.

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Mar. 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. C. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 8 - 1950

REGISTRAR'S SIGNATURE

T. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

9593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2048
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA

PARKER MILLS

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1821

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ernest Robinson 1029 S. Eutan St

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart

Disease with acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

myocardial insufficiency

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-11-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balt

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

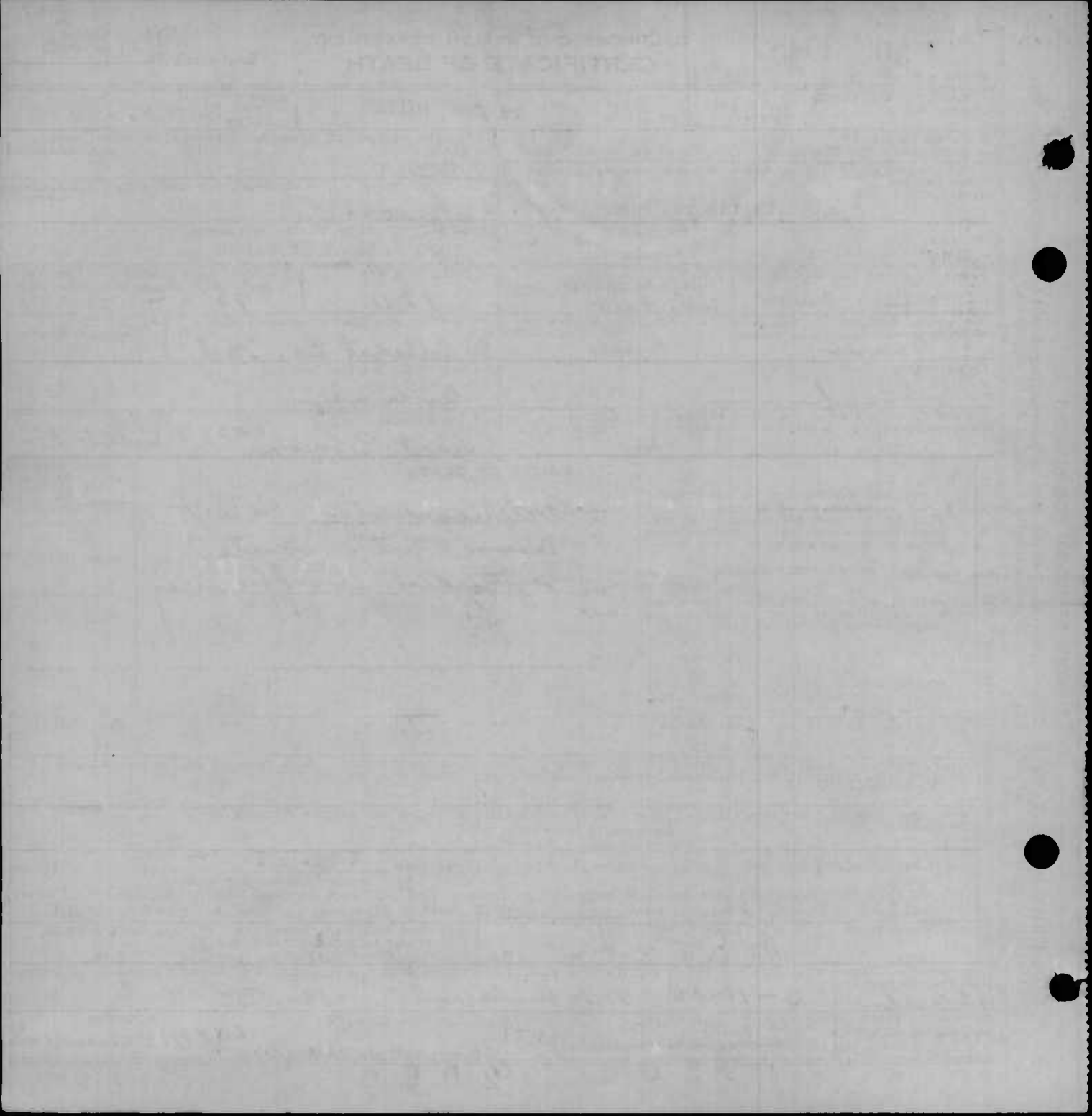
Timothy J. Williams

25. FUNERAL DIRECTOR

ADDRESS

James A Hayes

638 N. 9th St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SCHWENKE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2049
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Schwenke

2. DATE
OF
DEATH

3/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

401 N. Ellwood Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Joseph Karechan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9/14/1858

9. AGE (In years,
last birthday)

91

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mr John J. Schwenke 2nd 1st 3rd Roslyn Ave

ADDRESS

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Branchial Pneumonia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *chronic myocarditis*

DUE TO

(C) *arteriosclerosis*

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/28*, 19*50*, to *3/6*, 19*50*, that I last saw the deceased alive on *3/6*, 19*50*, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Schwenke

M. D.

23B. ADDRESS

441 N. Ellwood Ave

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem

24D. LOCATION (City, town, or county)

Kitchie Highway

(State)

DATE RECEIVED BY
LOCAL REGISTER

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

John J. Bowman, Son

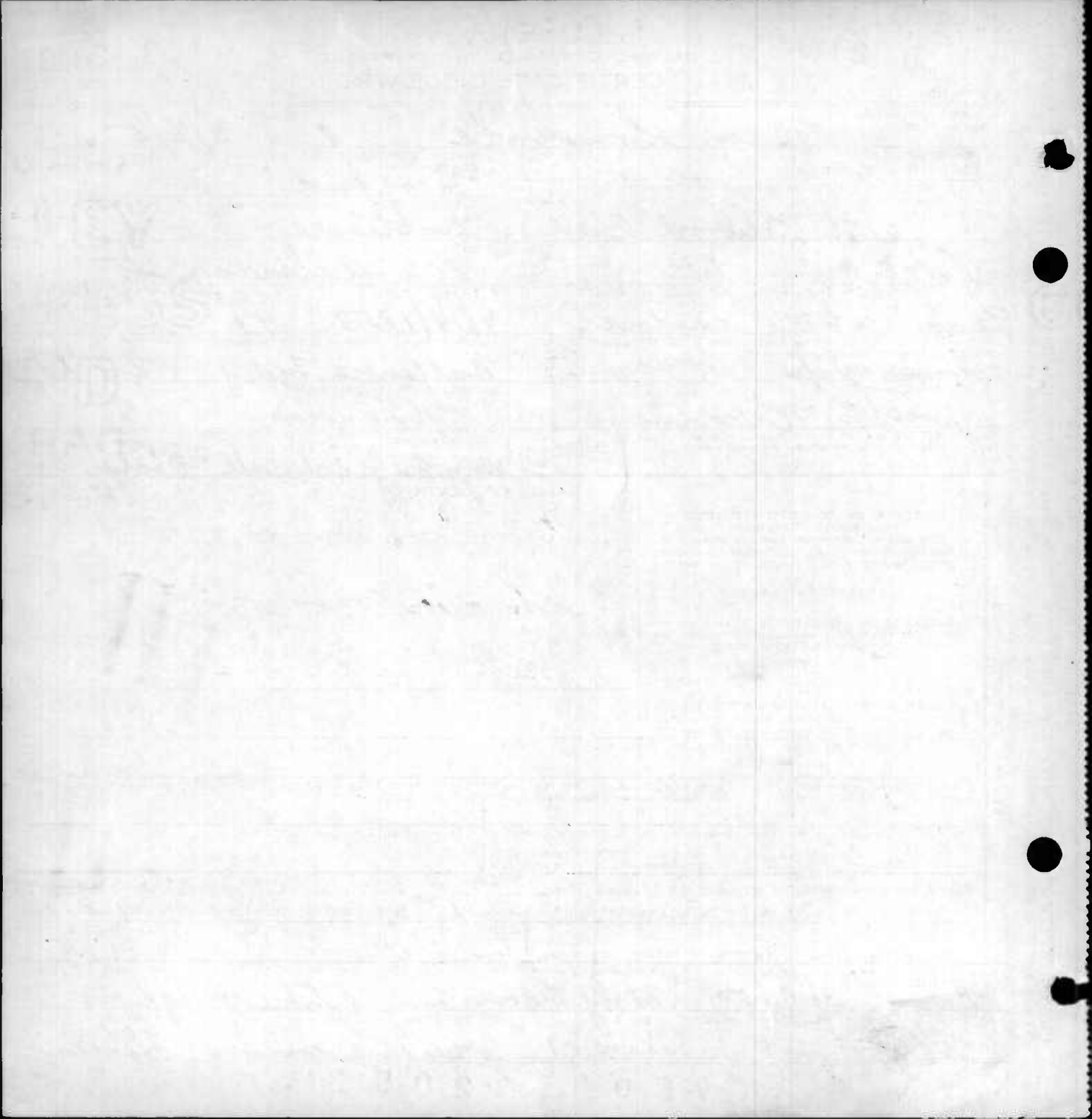
ADDRESS

22 Collins St.

VS 150

950000 2051

937 St.



M-620
50 2050

Ja 6100

50 2050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JACOB SAMUEL MYERS		2. DATE OF DEATH MARCH 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3112 LEIGHTON AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3112 LEIGHTON AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-05			
c. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3112 LEIGHTON AVE			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years, last birthday) 74	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDER		10B. KIND OF BUSINESS OR INDUSTRY BUILDER (CONT)		11. BIRTHPLACE (State or foreign country) RUSSIA	
12. CITIZEN OF WHAT COUNTRY? UNITED STATES		13. FATHER'S NAME LOUIS MYERS		14. MOTHER'S MAIDEN NAME NELLIE (MAIDEN NAME UNKNOWN)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS DAUGHTER - GERTRUDE MYERS 3112 LEIGHTON	
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) BRONCHOPNEUMONIA DUE TO (B) CANCER (CARCINOMA) OF RECTUM WITH METASTASIS TO ABDOMINAL ORGANS DUE TO (C) ...		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS APPROX. 5 MOS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NOV. 1949 BIOPSY OF RECTAL GROWTH - REVEALED ADENOCARCINOMA		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOVEMBER, 1949 , to MARCH 6, 1950 , that I last saw the deceased alive on MARCH 6, 1950 , and that death occurred at 9:34 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis Kalodner		23B. ADDRESS M. D. 1809 N CALVERT ST		23C. DATE SIGNED MARCH 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-8-50		24C. NAME OF CEMETERY OR CREMATORY Windsor Hill Ry	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutanaw Pl.		24F. ADDRESS My	
DATE RECEIVED BY MAR 8 - 1950		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS	

VS 150

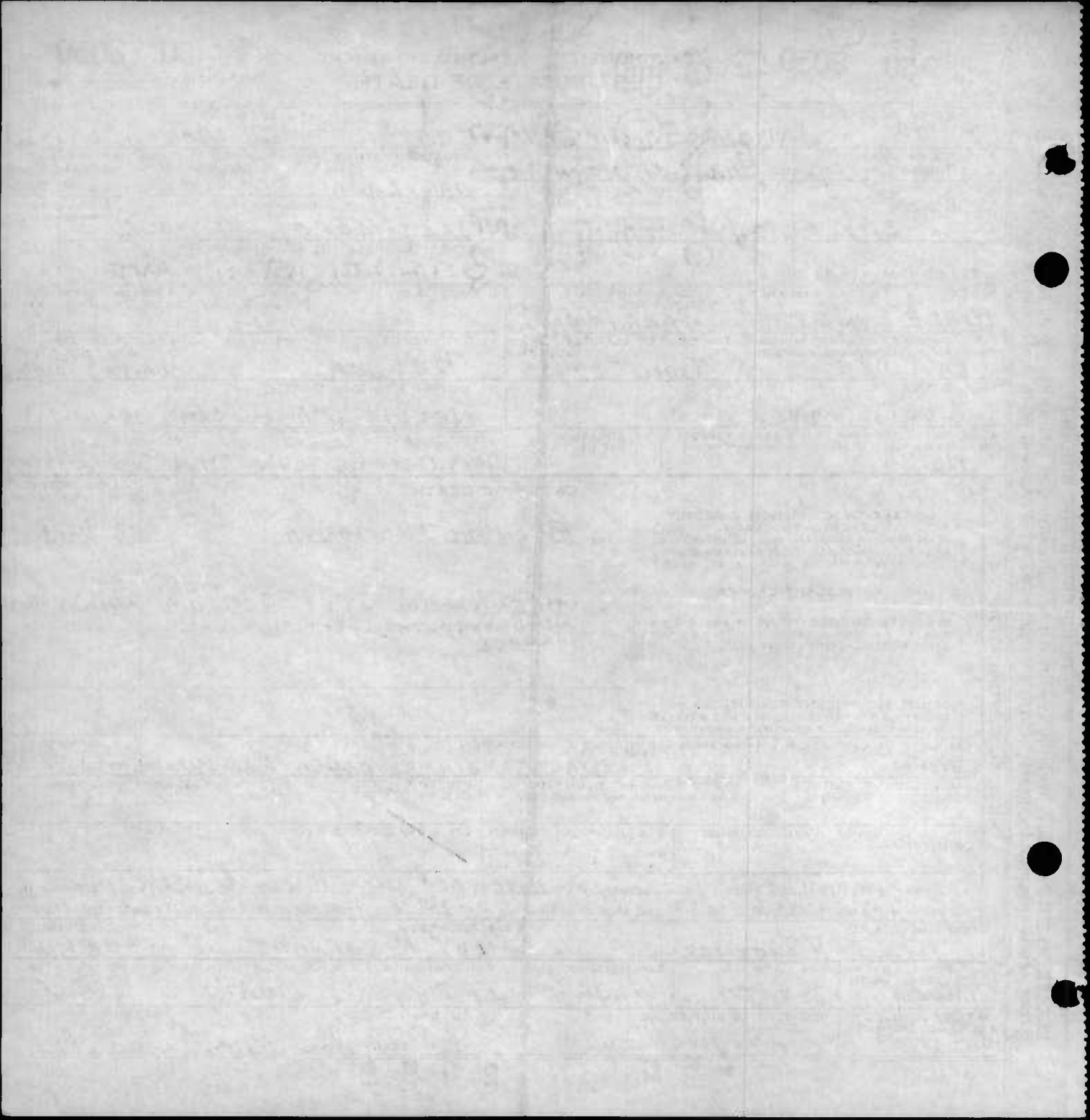
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46D

MARGIN RESERVED FOR BONDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620
50 2051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2051
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Paris

2. DATE
OF
DEATH

3/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Senai

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

7. STREET ADDRESS (If rural, give location)

3527 Oakmont Ave

c. Length of stay in Baltimore

life

8. SEX

male

9. COLOR OR RACE

white

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

11. DATE OF BIRTH

4-7

12. AGE (In years last birthday)

47

13. Under 1 Year Months: Days

14. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

paper route

10B. KIND OF BUSINESS OR INDUSTRY

DELIVERY (R)

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Ester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ester Paris 3527 Oakmont Ave

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Peripheral Circulatory Collapse

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial infarction

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/6*, 1950, to *3/6*, 1950, that I last saw the deceased alive on *3/6*, 1950, and that death occurred at *10:30* m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaber M.D.

23B. ADDRESS

Senai Hosp.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Jack Lawrence - 2100 Eutaw Pl.

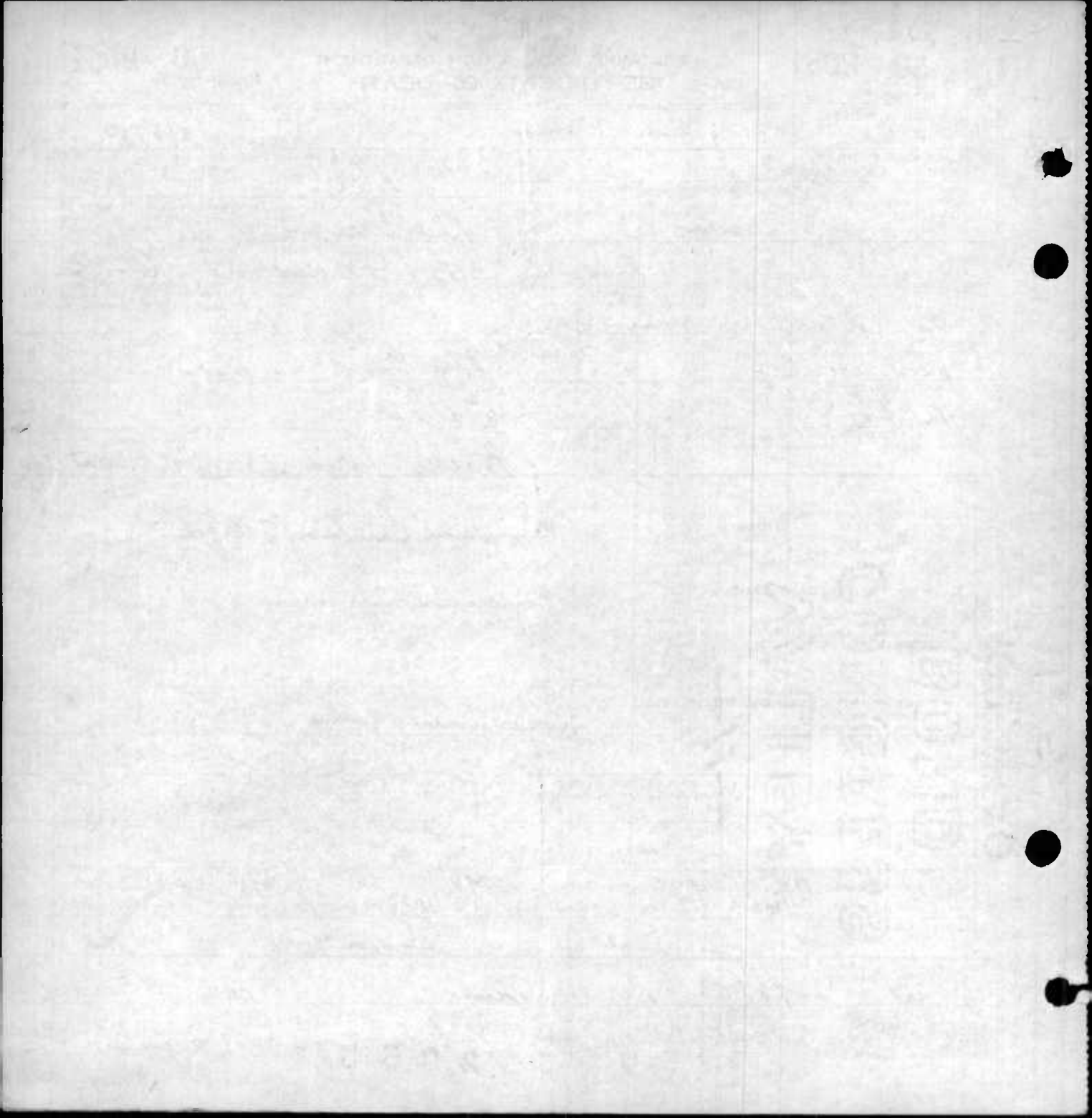
ADDRESS

MAR 8 - 1950

VS 150

15678

94a



GEARING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2052
Registered No.

BIRTH NO. 50 2052

1. NAME OF DECEASED (Type or Print) <i>Elizabeth L Gearing</i>			2. DATE OF DEATH <i>Mar 7/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>918 N Collington</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 7-03</i>		
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>918 N Collington Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Mar 2 1869</i>		9. AGE (in years last birthday) <i>81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Charles W Lawrence</i>			14. MOTHER'S MAIDEN NAME <i>Don't Know</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Clarence Walter 918 Collington</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Bronchiectasis</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>
---	--	---

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-50</i> , 19 <i>50</i> , to <i>3-7-50</i> 19 <i>50</i> , that I last saw the deceased alive on <i>3-6</i> 19 <i>50</i> , and that death occurred at <i>10A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R Fred Myrda</i>		M. D. <i>800 N Pitters</i>		23B. ADDRESS <i>OK 111 3-8-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 10/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1950</i>		REGISTRAR'S SIGNATURE <i>Antonia Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>William J. Home 208 Ch...</i>	
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VS 150

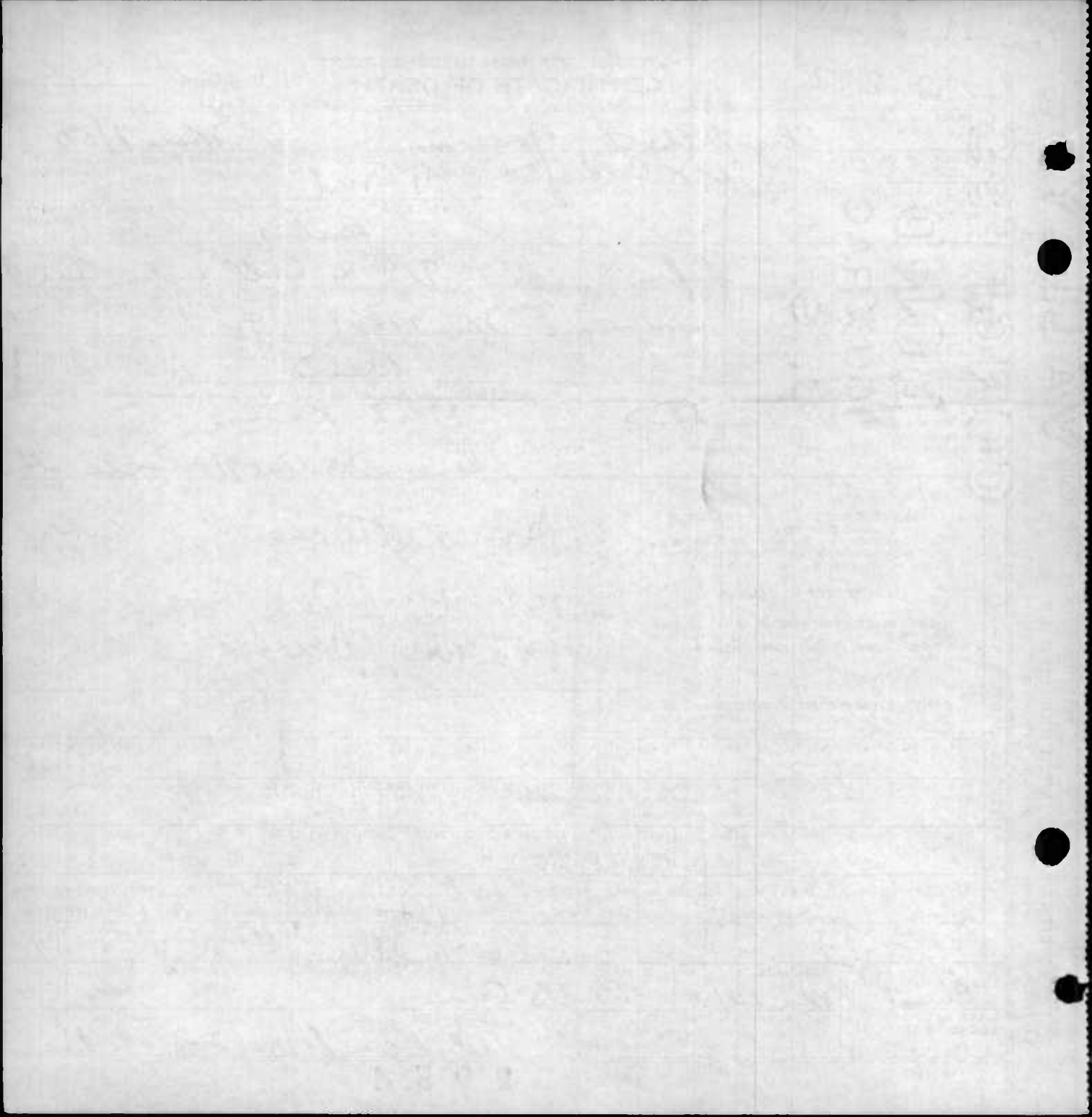
2054

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



50 2053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2053

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Rosa B. MERSON.*2. DATE
OF
DEATH*March 6, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE*Ind.*

B. COUNTY

(before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*809 Union Ave.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**13-07*

D. STREET ADDRESS (If rural, give location)

809 Union Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*Dec 15, 1873*9. AGE (in years;
last birthday)*76*If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*none*10B. KIND OF BUSINESS OR
INDUSTRY*-*

11. BIRTHPLACE (State or foreign country)

*Ind.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

*-*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

*-*16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

ADDRESS

*Kenneth B. Mereson 809 Union Ave.*18. *470.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*Coronary Occlusion**4 hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO*Coronary Heart Disease**5 years*

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 15, 1944* to *March 6, 1950* that I last saw the
deceased alive on *March 5, 1950*, and that death occurred at *2:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallington M. D.

23B. ADDRESS

848 W 36th St

23C. DATE SIGNED

*3/7/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

March 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Emilio J. ...

25. FUNERAL DIRECTOR

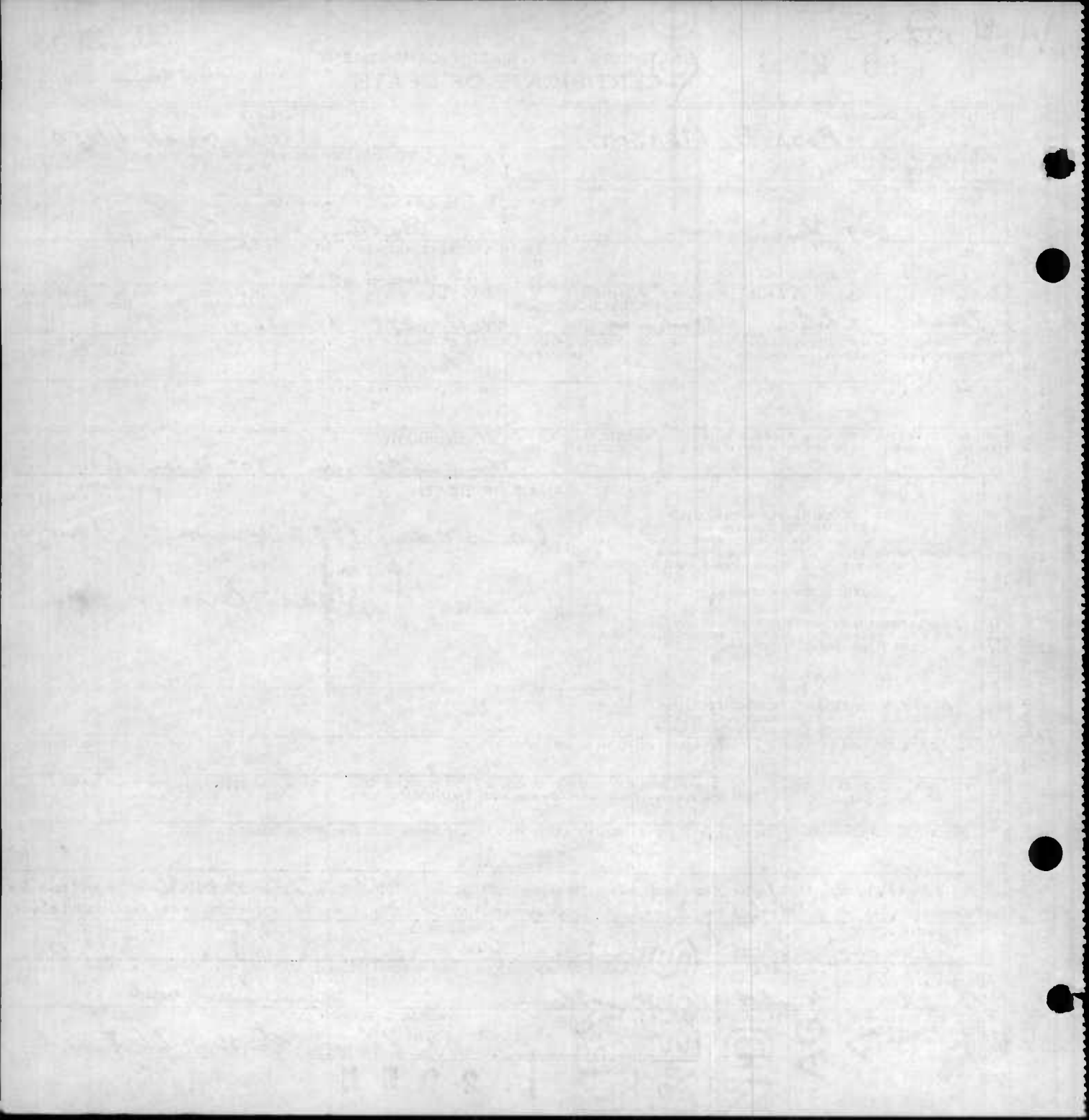
ADDRESS

Paul E. Cheneau 3615-17 Chestnut Ave.

VS 150

19500002055

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE A. B. JOYNES

2. DATE
OF
DEATH

Mar. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

750 W. Hamburg St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

750 W. Hamburg St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 21, 1863

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired owner

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. R. Joynes

14. MOTHER'S MAIDEN NAME

Sarah S. Tunnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Ave.

Mr. William A. Joynes 5506 Benton Hts.

18.

433.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

July 15/46

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1946, to Mar 6, 1950, that I last saw the deceased alive on Mar 6, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Kates

M. O.

23B. ADDRESS

517 Scott St

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 8 - 1950

REGISTRAR'S SIGNATURE

Harry Kates

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

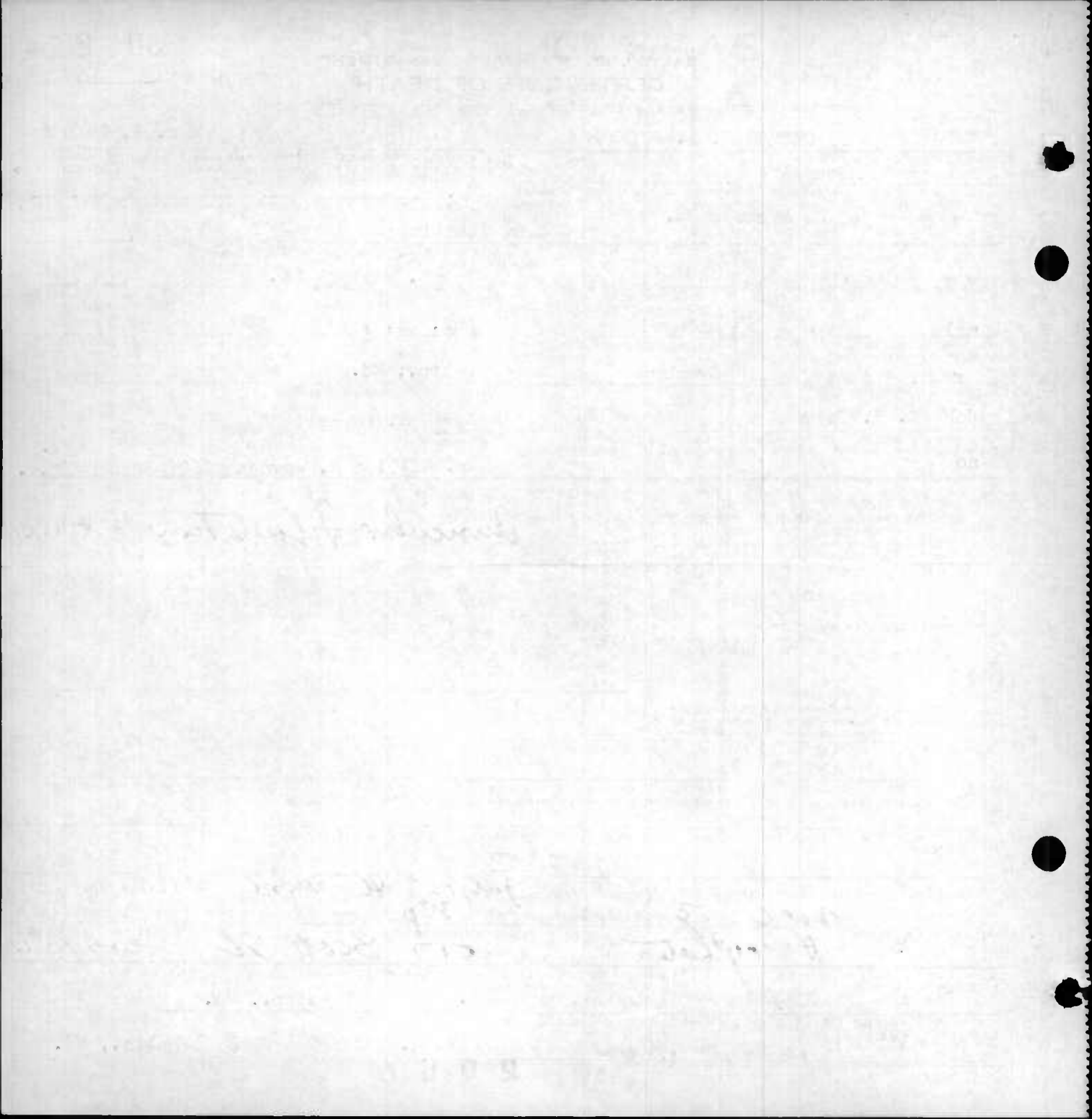
ADDRESS

Balto., Md.

VS 150

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95a



50 2055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2055
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES DREW

2. DATE

OF
DEATH 3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

1204 W. Franklin St

c. Length of stay in Baltimore

30yrs

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/10/1904

9. AGE (In years
last birthday)

45

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Stephen Neal

14. MOTHER'S MAIDEN NAME

Rosie Dyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Neal Whitby-1204 Franklin

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949 to Mar. 5, 1950, that I last saw the
deceased alive on Jan 5, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

C. William Frey

M. D.

23B. ADDRESS

1928 Penna Av.

23C. DATE SIGNED

Mar 7/1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8-1950

Hamilton Williams, Jr.

Charles G. Cooper-512 Carrollton

VS 150

95520862057

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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BRITISH MOUNTAIN

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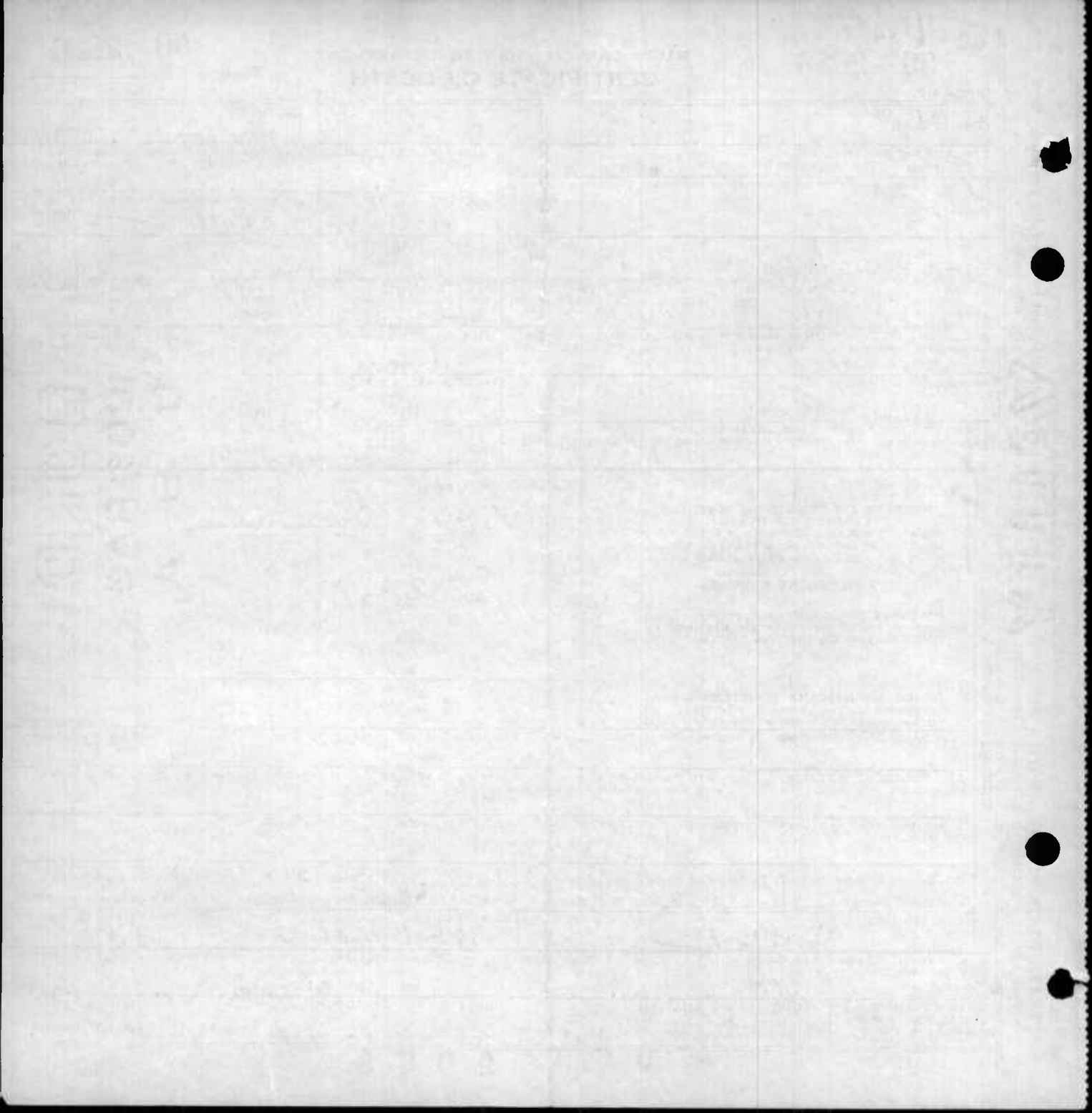
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond Bowen

2. DATE
OF
DEATH

3-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. CITY OR TOWN

Baltimore Zone 12

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

6404 Sharon Drive Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1899

9. AGE (In years last birthday)

50

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Auto. repair

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Volm Bowen

14. MOTHER'S MAIDEN NAME

Emma. Frances.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Lorraine Bowen wife 6404 Sharon Drive

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Aspiration Pneumonia + Cerebral hemorrhage (Right)

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Abdominal operation for postop gastric distension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac failure

19A. DATE OF OPERATION

3-3-50

19B. MAJOR FINDINGS OF OPERATION

Diverticulum, Second part duodenum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1950, to March 5, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Smelser

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 8 - 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

John Burns' Sons, Towson, Md.

ADDRESS

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

(For use by the Registrar)

Name of Deceased

Age

Sex

Marital Status

Place of Birth

Usual Residence

Occupation

Education

Religion

Usual Place of Work

Usual Hours of Work

Usual Hours of Rest

Usual Hours of Travel

Usual Hours of Sleep

Usual Hours of Eating

Usual Hours of Drinking

Usual Hours of Smoking

Usual Hours of Exercise

Usual Hours of Recreation

Usual Hours of Study

Usual Hours of Work

Usual Hours of Rest

Usual Hours of Travel

Usual Hours of Sleep

Usual Hours of Eating

M-655
50 2058BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2058

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Merryman

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4212 Parkmount Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Cockeysville (Rural)

D. STREET ADDRESS (If rural, give location)

Warren Road

c. Length of stay in Baltimore

7 days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-10-1865

9. AGE (in years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co., Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Williams

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Walter C. Merryman, Cockeysville, Md.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia-Rt. Lower lobe

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

General Debility

1 1/2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 February, 1950, to 7 February, 1950, that I last saw the
deceased alive on 6 February, 1950, and that death occurred at 3:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter T. Kees

23B. ADDRESS

Cockeysville, Md

23C. DATE SIGNED

7 March 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-9-50

24C. NAME OF CEMETERY OR CREMATORY

Poplar

24D. LOCATION (City, town, or county)

Cockeysville, Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1950

Huntington Williams, Jr.

Landon M. Brooke

Sparks, Md.

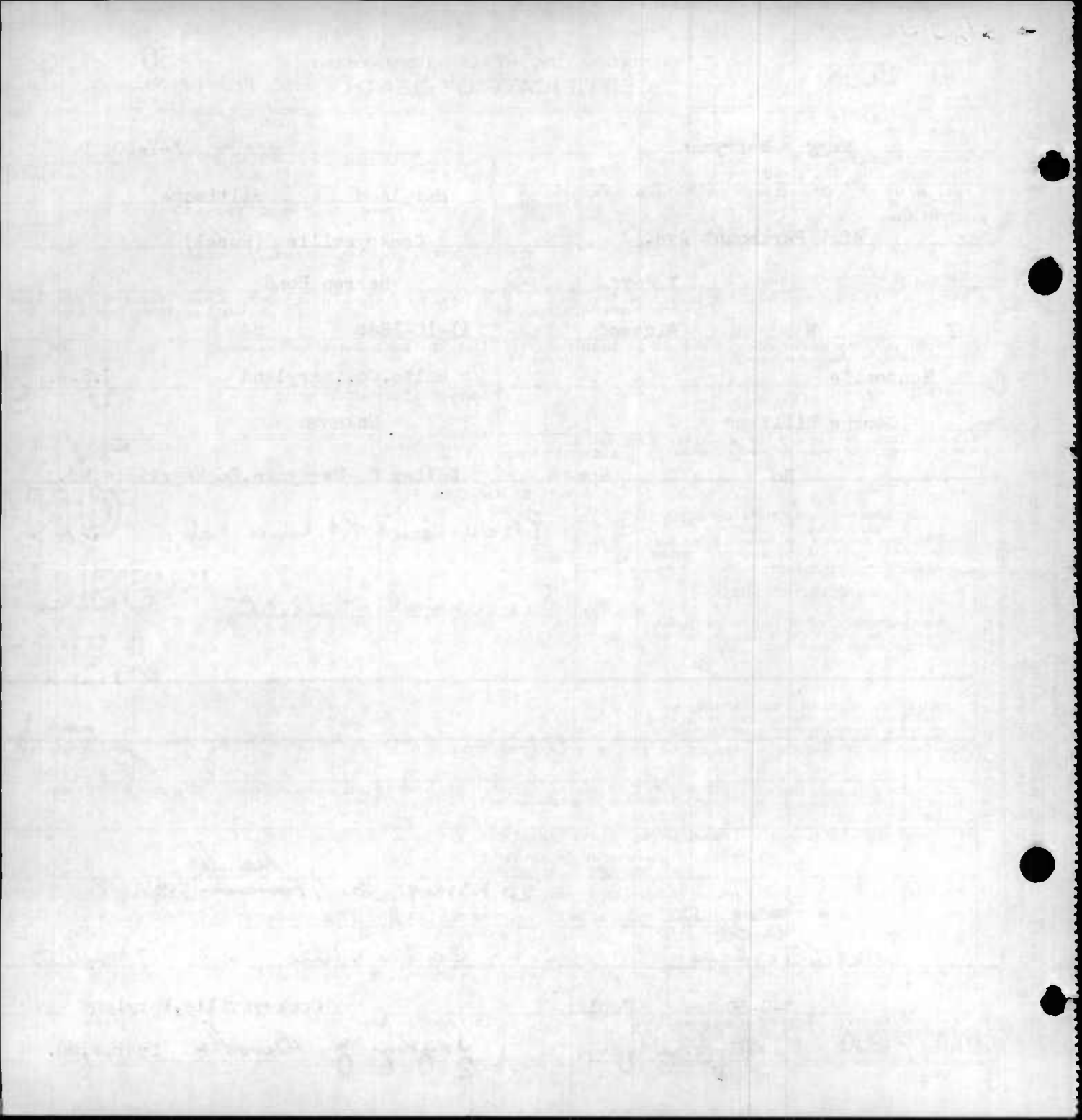
VS 150

2060

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PENNLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2059

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES R. SHECKELLS

2. DATE
OF
DEATH

Mch. 8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1128 Carroll St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 21-02

c. Length of stay in Baltimore

70 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1128 Carroll St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 1-1867

9. AGE (In years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Woodworker

10B. KIND OF BUSINESS OR INDUSTRY

Lumber Mill

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles D. Sheckells

14. MOTHER'S MAIDEN NAME

Adaline Helton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-07-7274

17. INFORMANT

ADDRESS 1128

Mrs. Annie M. Sheckells cannot

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral vascular arteriosclerosis 3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic gangrene 6 weeks toes of left foot

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Amputation of right leg 2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-29, 1946, to 3-7, 1950 that I last saw the deceased alive on 3-6, 1950, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unruh Jr.

M. D.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-9-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cmn.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 8-1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Geo. E. Beyer Jr 1512 Hollins St

ADDRESS

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 2060**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print) **EARLY DILLARD**

 2. DATE OF DEATH **March 3, 1950**

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

 C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore **18-01**
University Hospital

 D. STREET ADDRESS (If rural, give location)
407 N. Poppleton Street

c. Length of stay in Baltimore

 5. SEX **male**
6. COLOR OR RACE **colored**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

 8. DATE OF BIRTH **Oct. 1, 1892**
9. AGE (In years last birthday) **57**
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

 11. BIRTHPLACE (State if foreign country)
Va.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
Yes **WW I**

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
Cora Miller 239 N. Schroeder St.

 18. **E-917.9**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Septicemia due to secondary infection of burn of right arm**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
unknown

 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
unknown

 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
unknown

21E. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?

 21F. HOW DID INJURY OCCUR?
Unknown

 22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

R. S. Fisher

 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

 23C. DATE SIGNED **March 7, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial **3-8-1950** **Balto. National Balto.** **Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

This man was last seen two days prior to his death at which time he did not have the burn. Complete investigation failed to reveal any history of a burn or any burning in his room to indicate that he had been burned there.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-623

50 2061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 2061
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Hurst</i>		2. DATE OF DEATH <i>March 7, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location)		5. SEX <i>male</i> 6. COLOR OR RACE <i>white</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
c. Length of stay in Baltimore Yrs. <i>33</i> Mos. <i>0</i> Days <i>0</i>		8. DATE OF BIRTH <i>MAR. 17, 1908</i>		9. AGE (In years last birthday) <i>41</i> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SALESMAN</i>	
11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>JOHN J. HURST</i>	
14. MOTHER'S MAIDEN NAME <i>LOUISE BANKS</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS			

18. <i>466X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Embolism of main pulmonary artery.</i> DUE TO (B) <i>Thrombosis, deep veins of legs.</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>4 hr.</i> <i>3 days</i> <i>over</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-7</i> , 19 <i>50</i> , to <i>3-7</i> , 19 <i>50</i> that I last saw the deceased alive on <i>3-7</i> , 19 <i>50</i> , and that death occurred at <i>4:25</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert M. Paine</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>7-9-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. THOMAS'</i>	
24D. LOCATION (City, town, or county) (State) <i>GARRISON MD.</i>		25. FUNERAL DIRECTOR <i>H.W. JENKINS & SONS Co.</i>		ADDRESS <i>4905 YORK RD.</i>	

1-905 0027682 063

10013

Letter in document file.

Case undetermined. 50-2061 4/12/50.

E-524

50 2062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2062
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Loretta Engles

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 910 Homestead St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-05

D. STREET ADDRESS (If rural, give location)

910 Homestead St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 28th 1875

9. AGE (In years
last birthday)

74

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Ruckle

14. MOTHER'S MAIDEN NAME

Mary Keyhoey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. E.C. Horten 725 Belgian Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Auricular fibillation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Grip and broncho-pneumonia

6 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1950, to March 7, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 6¹⁵ A.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Jandorf

23B. ADDRESS

M. D.

6077 Harford Rd

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

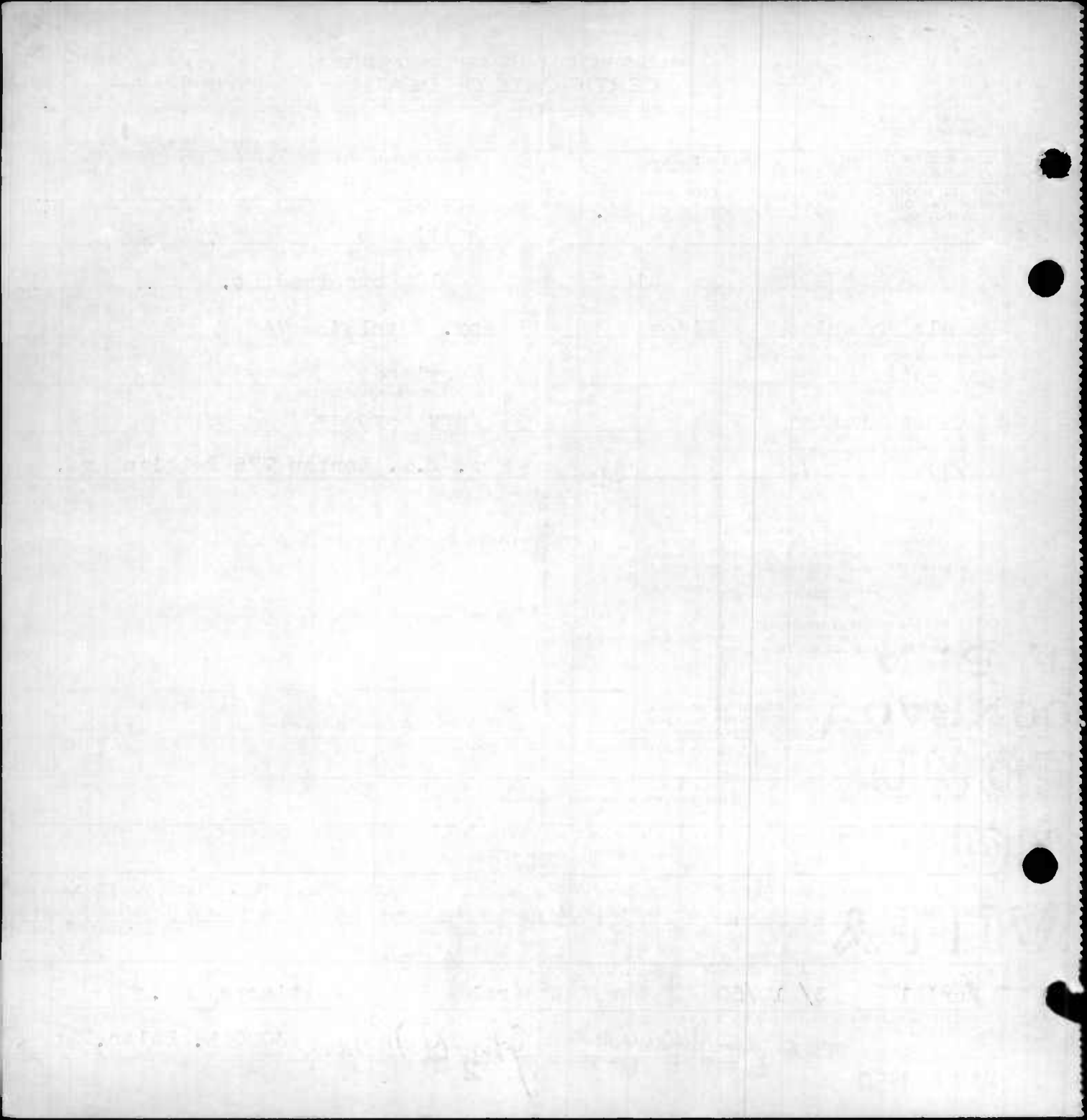
ADDRESS

John G. Morgan 3000 E. Balto. St

MAR 7 - 1950

95000 200

94a



B-622

50 2063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2063

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Williams J. Burgess*2. DATE
OF
DEATH*3-6-1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto. City**24-03*

D. STREET ADDRESS (If rural, give location)

1211 Hurst St.

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-10-1863

9. AGE (In years

last birthday)

86

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Marble Cutter

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. C.

13. FATHER'S NAME

Samuel Burgess

14. MOTHER'S MAIDEN NAME

*Mary A. Floyd*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Florence Burgess 1211 Hurst St.*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*Myocarditis, chronic**2 week*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO*Atherosclerosis**!*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-3*, 19*50*, to *3-6*, 19*50*, that I last saw the
deceased alive on *3-6*, 19*50*, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

John P. Ullock, Jr.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

*3-7-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-8-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR,

ADDRESS

Flynn + Fleming 1426 Light St.

MAR 8 - 1950

VS 150

1-950-0000 2065

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PENNLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1900

May 10 1900
of the
\$1.00

H-400 50 2064 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Hilda Hill</u>		2. DATE OF DEATH <u>March 7, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balti. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 10-01</u>			
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1225 C. Preston St</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>10-11-26</u>	9. AGE (In years last birthday) <u>23</u>	10. Under 1 Year Months: Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>James Jones</u>		14. MOTHER'S MAIDEN NAME <u>Mary Jones</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS _____	

18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Epidemioid Carcinoma of Cervix.</u>		CAUSE OF DEATH (A) <u>Epidemioid Carcinoma of Cervix.</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>none.</u>		(B) <u>none.</u> DUE TO _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Generalized Metastases and Carcinomatosis</u>		(C) <u>Generalized Metastases and Carcinomatosis</u> <u>6 weeks</u>		<u>over</u>	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>0</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>0</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>0</u>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>0</u>	
22. I hereby certify that I attended the deceased from <u>3/6</u> , 19 <u>50</u> , to <u>3/7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/7</u> , 19 <u>50</u> , and that death occurred at <u>8</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert P. O'Donnell, M.D.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>March 7-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3-11-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>mt Calvary Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md</u>		24E. FUNERAL DIRECTOR <u>Cheryl O. Wilson, 1000 Brooklyn Ave</u>		24F. ADDRESS <u>1000 Brooklyn Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 8 - 1950</u>		REGISTRAR'S SIGNATURE <u>W. H. Hill</u>		VS 150	

2066 48a

Letter for change of duration in document file. 50-20641- 3/10/50.

D-500

50 2065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2065

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Daum

2. DATE
OF
DEATH

3/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

68 N. Culver St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

68 N. Culver St.

20-07

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 19, 1870

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Hardware Store

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daum

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary F. Daum, 68 N. Culver St.

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Prostate

3 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1938, to 3-6, 1950, that I last saw the
deceased alive on 3-5, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

M. D.

23B. ADDRESS

1201 Pular Home St

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Ave. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1950

Harry F. Witzke, 4101 Edmondson Ave.

2 067

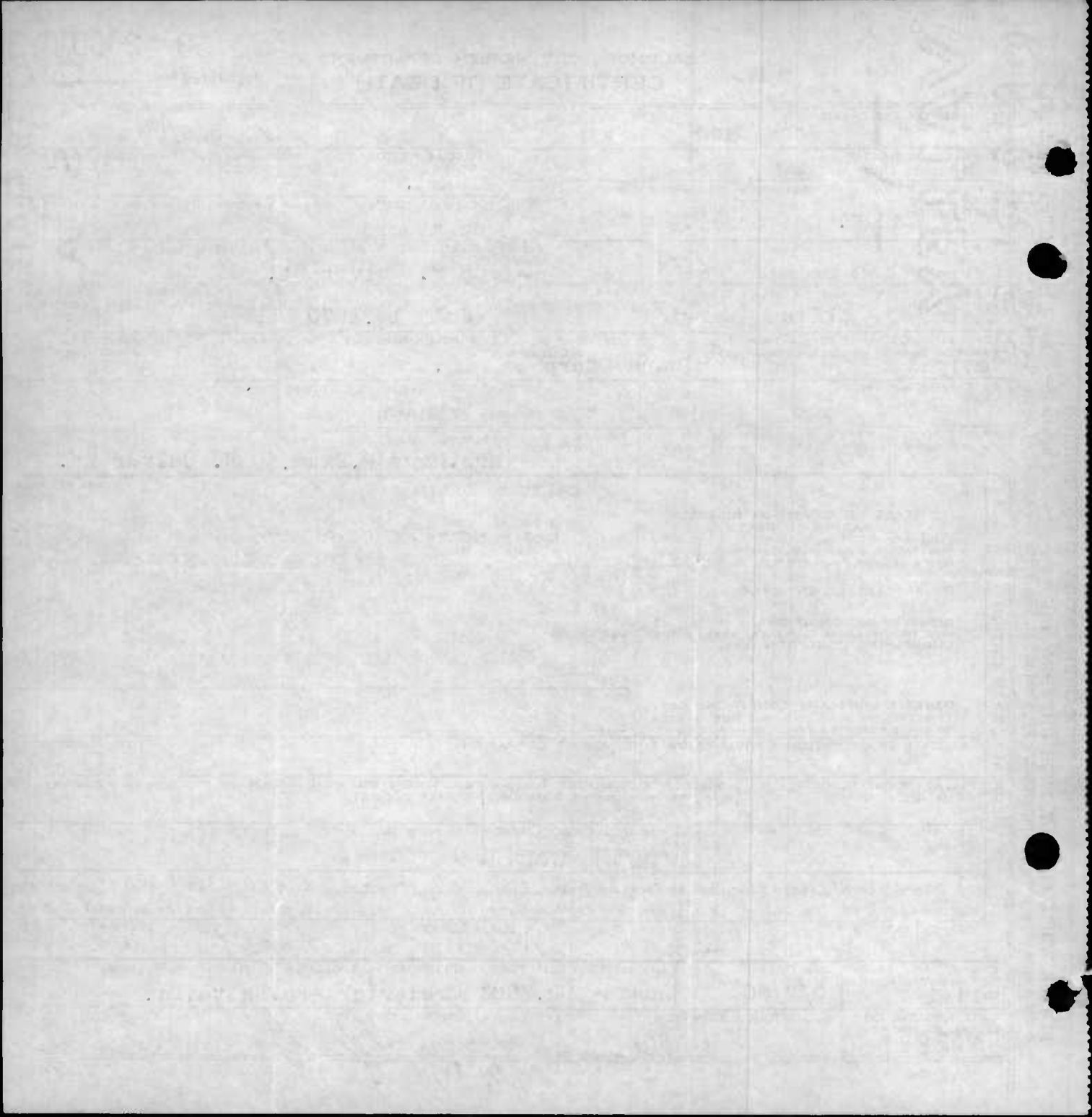
VS 150

51B

Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



P-425
50

2066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2066

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fannie E. Poulsen			2. DATE OF DEATH March 7, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2544 Edmondson Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 1 yr			D. STREET ADDRESS (If rural, give location) 2544 Edmondson Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1886		9. AGE (In years, last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Poulsen			14. MOTHER'S MAIDEN NAME Annie Luzzard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-03-1926	17. INFORMANT ADDRESS Carolyn Kiese 2544 Edmondson Ave		
18. 414X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cirrhosis Liver			INTERVAL BETWEEN ONSET AND DEATH years		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic Endocarditis			years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 1 19 48 to March 7, 1950 , that I last saw the deceased alive on Mar 7, 1950 , and that death occurred at 12:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE E. Mendel		23B. ADDRESS 651 N Bentall St		23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-10-50	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1950	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Howard J. Jussend		ADDRESS 2503 Edmondson	

VS 150

002060

124B

Letter in document file 50-2066 4/10/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-560

50 2067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2067

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES FREDERICK MUNRO

2. DATE
OF
DEATH

March 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONUS Marine Hospital
57 Wyman Pk. Drive & 31st St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

2-03

c. Length of stay in Baltimore

?

D. STREET ADDRESS (If rural, give location)

1627 Thames Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

4/18/92

9. AGE (In years
last birthday)

57

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AB seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Morris Munro

14. MOTHER'S MAIDEN NAME

Mary Byrnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

086-16-3137

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Aortic stenosis and insufficiency
followed by cardiac hypertrophy and
failure

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis
Empyema, left thoraxUnknown
2 wks.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 27, 1950, to Mar. 1, 1950, that I last saw the deceased alive on Mar. 1, 1950, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMA-
TION, BENEFIT (Specify)

24B. DATE

3/8/50

24C. NAME OF CEMETERY OR CREMATORY

St Peter's

24D. LOCATION (City, town, or county) (State)

Bentalow + Gorman Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 403-E-25th St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. _____
DATE OF DEATH _____
PLACE OF DEATH _____

NAME OF DECEASED _____	
AGE _____	
SEX _____	
RACE _____	
MARRIAGE _____	
OCCUPATION _____	
EDUCATION _____	
RELIGION _____	
DATE OF BIRTH _____	
PLACE OF BIRTH _____	
DATE OF DEATH _____	
PLACE OF DEATH _____	
CAUSE OF DEATH _____	
MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____	
SIGNATURE OF WITNESS _____	
SIGNATURE OF DECEASED _____	

NAME OF DECEASED _____	
AGE _____	
SEX _____	
RACE _____	
MARRIAGE _____	
OCCUPATION _____	
EDUCATION _____	
RELIGION _____	
DATE OF BIRTH _____	
PLACE OF BIRTH _____	
DATE OF DEATH _____	
PLACE OF DEATH _____	
CAUSE OF DEATH _____	
MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____	
SIGNATURE OF WITNESS _____	
SIGNATURE OF DECEASED _____	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 50 2068

 BIRTH NO. W-516

 1. NAME OF DECEASED
(Type or Print) BENJAMIN WEINBERG

 2. DATE OF DEATH March 7, 1950

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY 15-02

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Maryland General Hospital

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

 D. STREET ADDRESS (If rural, give location)
1432 N. Fulton Avenue

5. SEX

male

6. COLOR OR RACE

white

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

 8. DATE OF BIRTH July 15/1885

 9. AGE (in years last birthday) 65

 10. Under 1 Year
Months: Days

 11. Under 24 Hours
Hours: Min.

 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
STEAM HAMMER OPERATOR

 10B. KIND OF BUSINESS OR INDUSTRY BOILER

 11. BIRTHPLACE (State or foreign country)
Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

 13. FATHER'S NAME Unknown

 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
Mabel A Weinberg 1432 N. Fulton Ave

 18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

 (A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) Arteriosclerotic heart disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

 23A. SIGNATURE RBFisher

 23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

 23C. DATE SIGNED March 8, 1950

 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

 24B. DATE Mar 10/1950

 24C. NAME OF CEMETERY OR CREMATORY Baltimore

 24D. LOCATION (City, town, or county) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

 REGISTRAR'S SIGNATURE Marie C Syfer

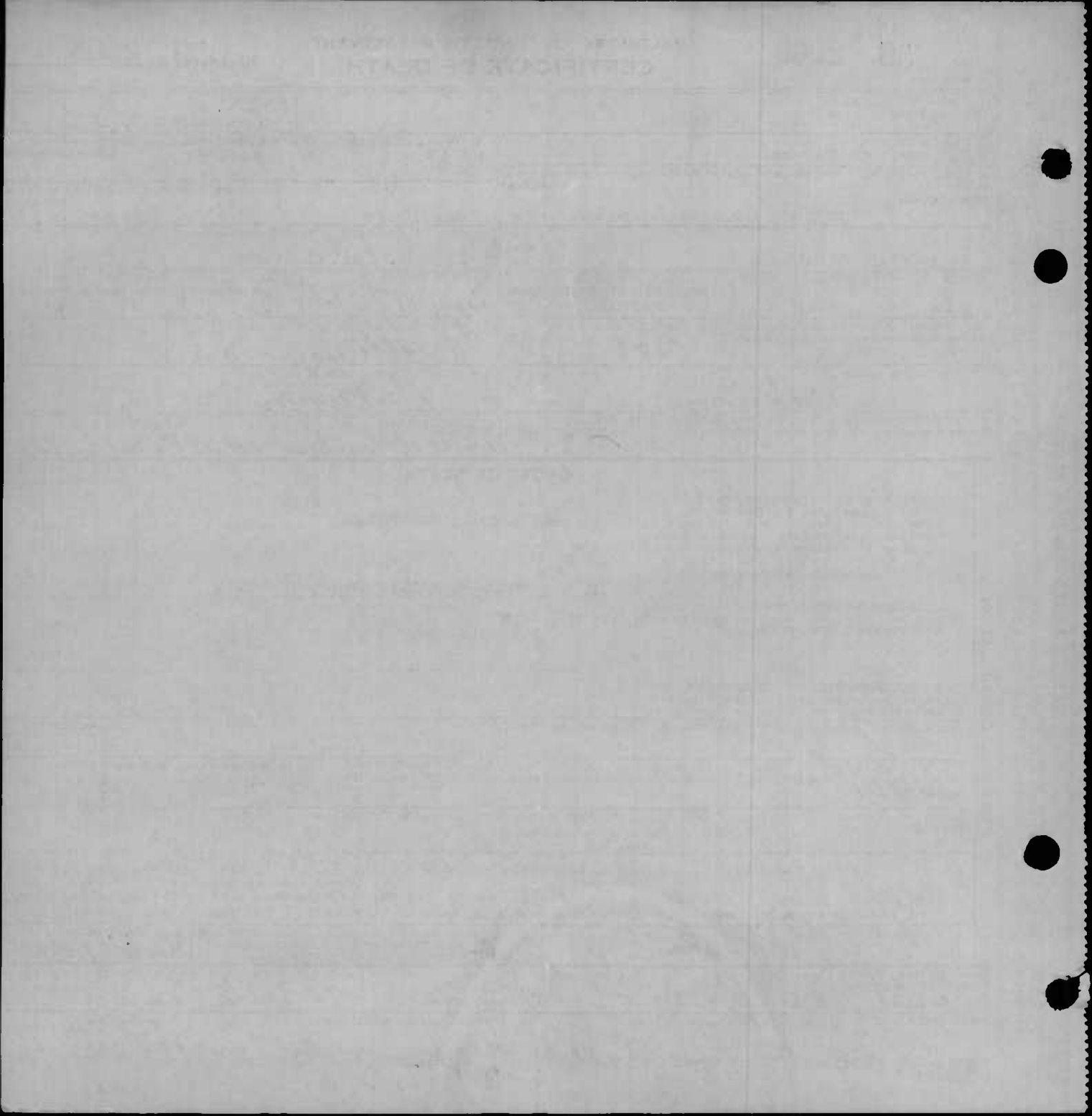
25. FUNERAL DIRECTOR

 ADDRESS 1600 N. North Ave

MAR 8 - 1950

302 472070

93D ✓



C-620

50 2069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2069

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES W COURSEY

2. DATE
OF DEATH

MARCH 5 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

100

795 Carroll St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

795 Carroll St. 21-01

c. Length of stay in Baltimore

94 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JULY 13, 1856

9. AGE (In years)

93

10. Under 1 Year

Months Days Hours Min.

6 20 - -

10a. USUAL OCCUPATION (If kind of

10b. KIND OF BUSINESS OR

INDUSTRY

RETIRED Self.

11. BIRTH PLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Coursey

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Stella Pledge 795 Carroll St.

ADDRESS

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1950, to 3-5, 1950, that I last saw the deceased alive on 3-5, 1950, and that death occurred at 4-P.m., from the causes and on the date stated above.

23a. SIGNATURE

John P. Ulenck Jr

23b. ADDRESS

1227 Wash. Blvd

23c. DATE SIGNED

3-7 50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

MAR 9, 1950

24c. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24d. LOCATION (City, town, or county)

Fredrick Rd

DATE RECEIVED BY
LOCAL REGISTRAR

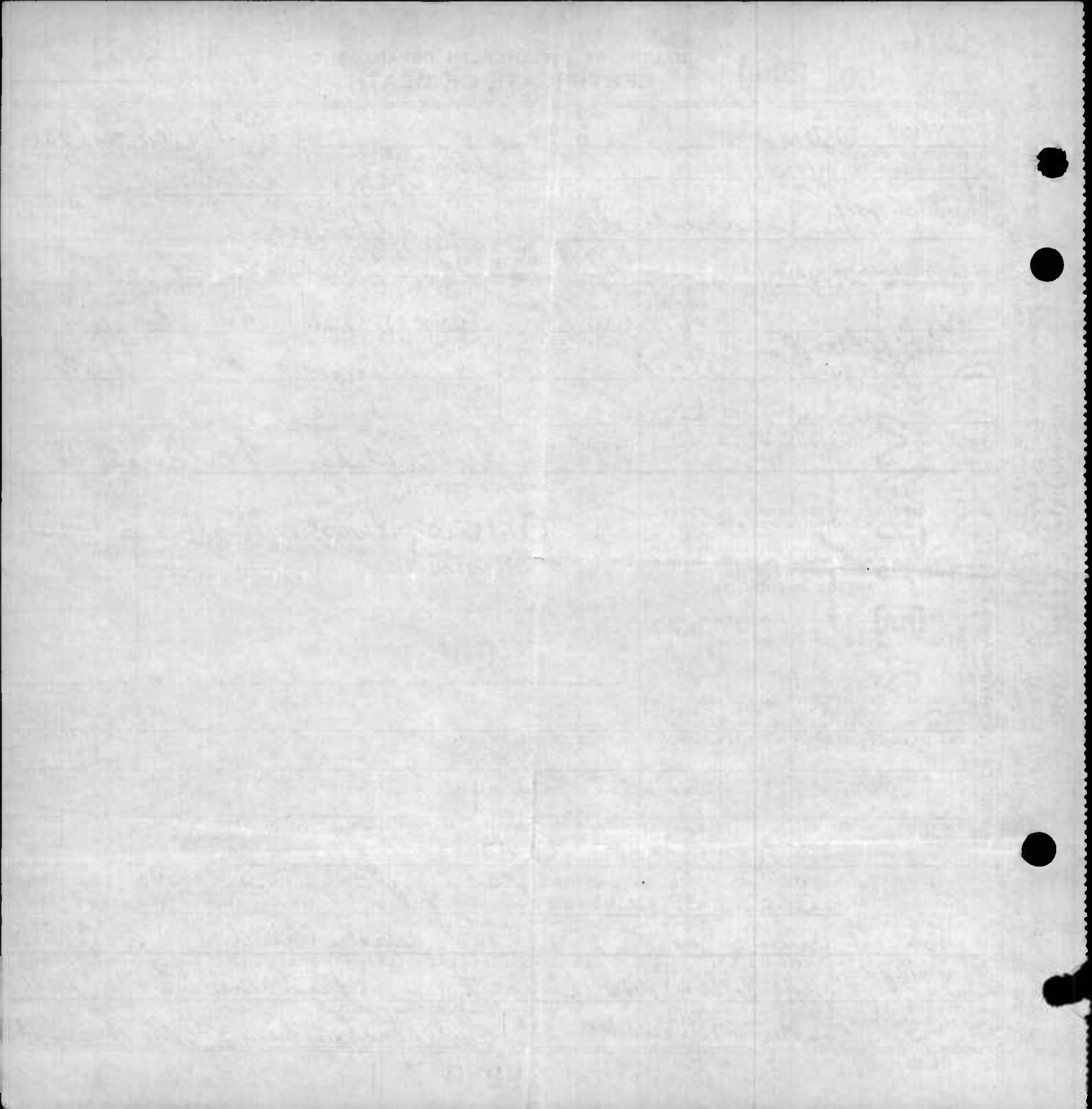
REGISTRAR'S SIGNATURE

Wigton Williams, M.D.

25. FUNERAL DIRECTOR

Chas. W. Jachura 703 McHenry St.

ADDRESS



B-356

CERTIFICATE CORRECTED

28-3-8-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 2070

BIRTH NO. 50 2070

1. NAME OF DECEASED
(Type or Print)

ANTONI Antonio Bittner

2. DATE
OF
DEATH

3/7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

709 E. Church Street

c. Length of stay in Baltimore 38 years

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/6/1892

9. AGE (In years
last birthday)

38

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Store Owner

10B. KIND OF BUSINESS OR
INDUSTRY

GROCERY (R)

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Bittner

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Agnes Bittner, 709 Church Street

18. 602X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MASSIVE RENAL CALCULUS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1950 to 3/7, 1950 that I last saw the
deceased alive on 3/7, 1950, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Scalia M.D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

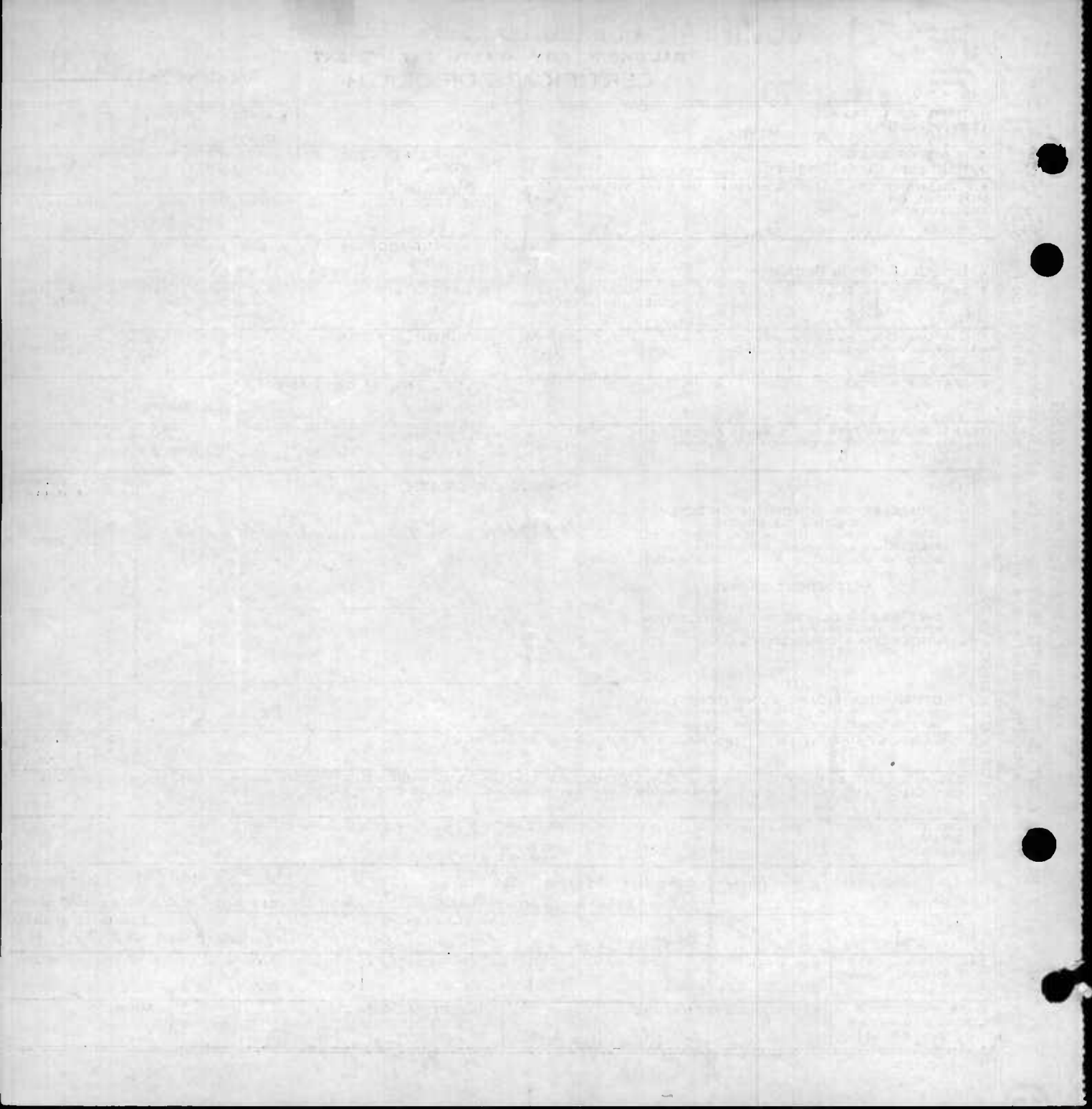
Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

MAR 8 - 1950

VS 150

18500/663072

124a



MARGIN RESERVED FOR BINDING

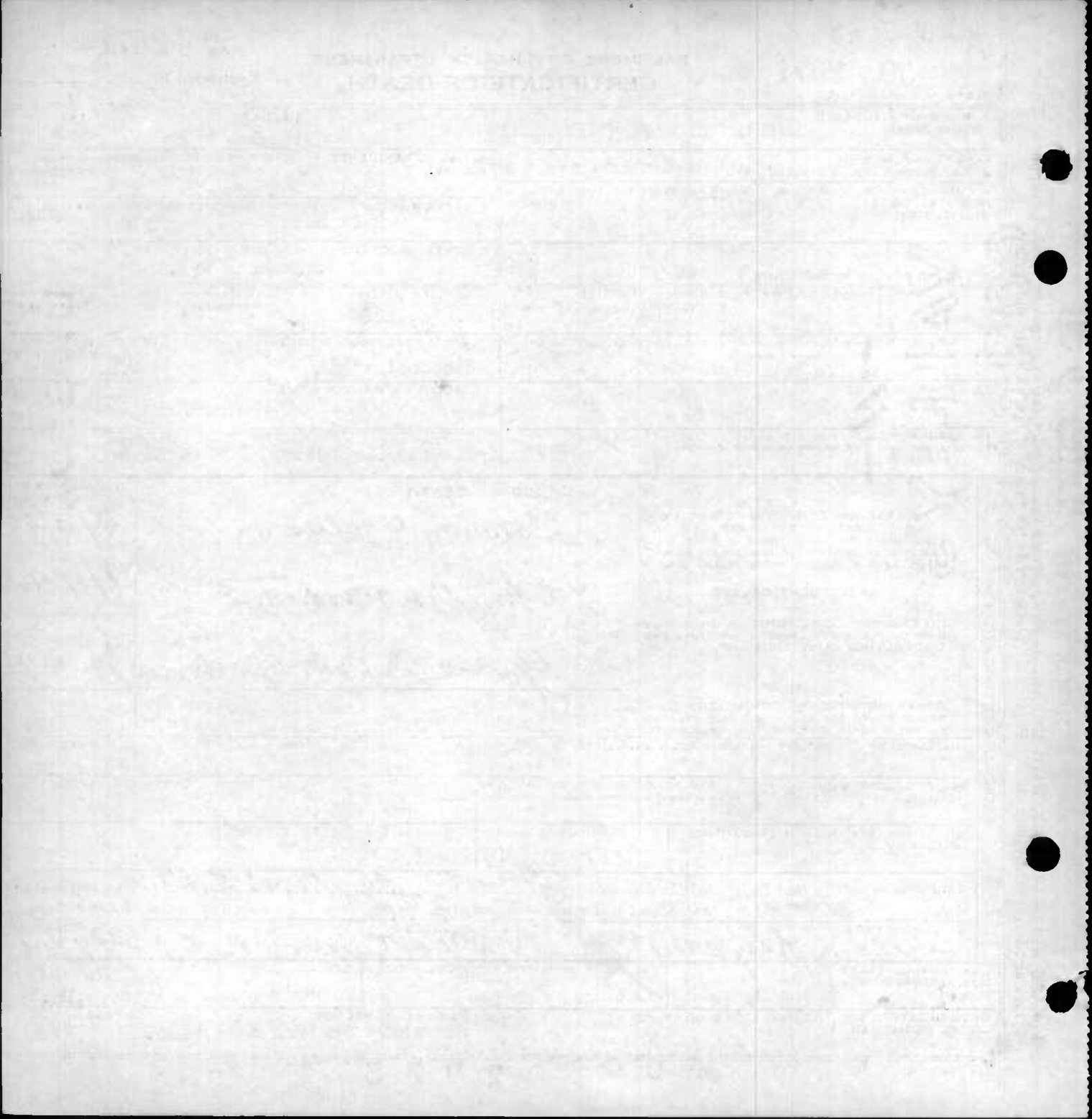
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15-422
50 2071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2071
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EMILIE KALOUSEK (KOLOUSEK)		2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 103 N. Kenwood Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 00		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01			
c. Length of stay in Baltimore 66 years		D. STREET ADDRESS (If rural, give location) 103 N. Kenwood Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 26, 1866	9. AGE (In years last birthday) 84	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Czechoslovakia	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Rose C. Shealey, 103 N. Kenwood Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Cpr. Myocard. Th S DUE TO Generalized Atherosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3/3/50 1/1/48 Jan 1, 40	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5, 1950 to March 5, 1950 , that I last saw the deceased alive on March 5, 1950 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Ryssauer		23B. ADDRESS 801 N. Kenwood Ave.		23C. DATE SIGNED 3/7/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 9, 1950		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.		2601 3-5 E. Madison St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1950		REGISTRAR'S SIGNATURE Thurston Williams, Jr.		27. DATE SIGNED 2073	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-525
50 2072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2072

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY A. YOUNGHEIN

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

60 Harford Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-08

D. STREET ADDRESS (If rural, give location)

1232 Darley Avenue

c. Length of stay in Baltimore life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

March 3, 1867

9. AGE (In years last birthday)

83

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

McGraw

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leo D. Donohue, nephew, 2803 Chesterfield

18. E903.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

4 1/2 hrs.

?

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in hospital or institution, give location)

1232 Darley Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 2, 1950 ? P.

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor

22. I hereby certify that I attended the deceased from Feb. 2, 1950, to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Temple

M. D.

23B. ADDRESS

2002 E. Kett St.

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Fred'k Rd. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

MAR 8 1950

N-820.1

2 11 7

186a

VV-452

50 2073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2073
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John T. Mc Williams		2. DATE OF DEATH 3-6-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 616 S. Luzerne Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto., Md. 1-03			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 616 S. Luzerne Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-29-10	9. AGE (In years last birthday) 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10B. KIND OF BUSINESS OR INDUSTRY American Can (M)		11. BIRTHPLACE (State or foreign country) Balto.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James McWilliams		14. MOTHER'S MAIDEN NAME Emily Hutson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Marie Mc Williams 616 S. Luzerne Ave.	
18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Carcinoma of Pancreas (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19A. DATE OF OPERATION May 1949		19B. MAJOR FINDINGS OF OPERATION mass in head of pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1949 to March, 1950, that I last saw the deceased alive on Mar. 4, 1950, and that death occurred at 11:43 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Charles W. Hutson		23B. ADDRESS 3023 Eastern Ave M. D.		23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24B. DATE 3-10-50		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc		ADDRESS 403 S. Wolfe Street	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8-1950		REGISTRAR'S SIGNATURE Thurston Williams		VS 150 4963V 2075	

469

D. Le Doux.

P-26250 2074

JL - 136302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2074

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Pazourek

2. DATE
OF
DEATH

3-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3925 Hudson St.-24

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1 1 1

9. AGE (In years last birthday)

73 1

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY

R.R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Pazourek

14. MOTHER'S MAIDEN NAME

Annie Volek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 331X 145X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of tonsil with metastasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to March 6, 1950, that I last saw the deceased alive on March 6, 1950 and that death occurred at 12.25AM from the causes and on the date stated above.

23A. SIGNATURE

W. C. Cogen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

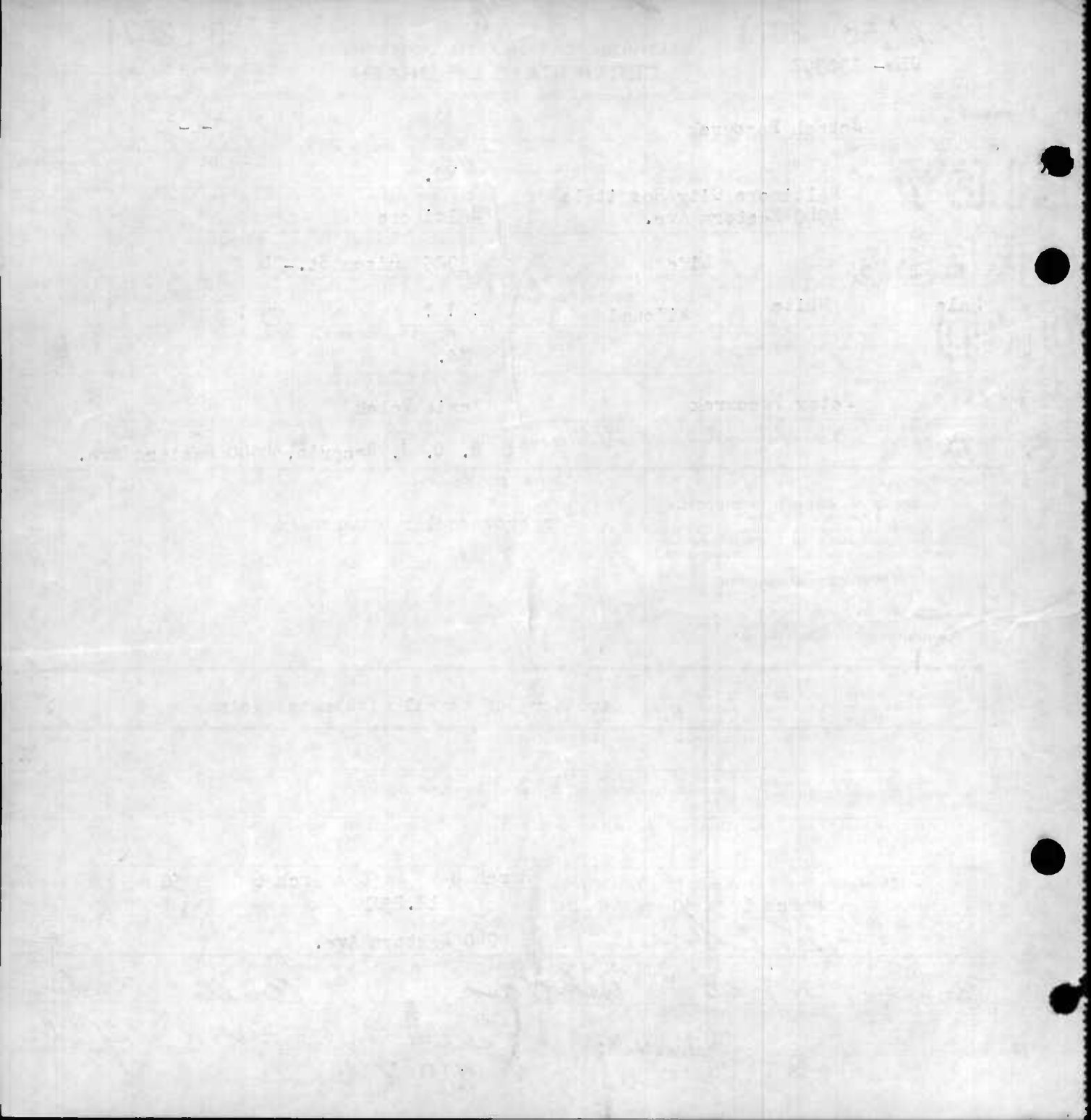
MAR 8 - 1950

*William Williams**Julius Zuber - 403 S. Wolf St.*

VS 150

320449 2076

45F



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Julius Kiesling

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2240 Cambridge Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bato. Md.

D. STREET ADDRESS (If rural, give location)

2240 Cambridge Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-12-50

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Copper Wks

11. BIRTHPLACE (State or foreign country)

Russ Poland

12. CITIZEN OF

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Julia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT ADDRESS
Chas. Kiesling 2240 Cambridge St.

18. 491-X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchial Pneumonia

2-21-50

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chv. Myocarditis

years?

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-1950 to 3-7-1950, that I last saw the deceased alive on 3-6-1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Dainoff

23B. ADDRESS

3218 Eastern ave

23C. DATE SIGNED

3-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-50

24C. NAME OF CEMETERY OR CREMATORY

Schwartz's

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Zeiler, Inc

ADDRESS

403 S Wolfe St.

VS 150

74034077

92D

Dr. Davidov

3278 East Ave

Dr. Davidov. member death
to pneumonia. Myself to other symptoms

by phone 3/3/50

E. Steiner

H-200
50 2076BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2076

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Charles Hax, Sr.		2. DATE OF DEATH 3-5-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto., Md. 6-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 27. N. Ellwood Ave		D. STREET ADDRESS (If rural, give location) 27 N. Ellwood Ave.		6. Length of stay in Baltimore Life Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-15-87	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10B. KIND OF BUSINESS OR INDUSTRY CONST.		11. BIRTHPLACE (State or foreign country) Balto	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) N		16. SOCIAL SECURITY NO. No		17. INFORMANT ADDRESS Augusta Hax 27 N. Ellwood Ave.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Broncho pneumonia</i> DUE TO (B) <i>arteriosclerotic C.V. disease</i> DUE TO (C) <i>Bronchial asthma</i>		INTERVAL BETWEEN ONSET AND DEATH 1 Day 1 year 10 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/4/1950, to 3/5/1950, that I last saw the deceased alive on 3/5/1950, and that death occurred at 5:30 P. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William B. Moore, Sr.</i>		23B. ADDRESS 448 N. Lingular Ave		23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-9-50		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) Balto. Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1950		24F. REGISTRAR'S SIGNATURE <i>Winifred H. H. H.</i>	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc., 403 S. Wolfe St.		25. ADDRESS VS 150		358V9 070 93D	

Dr. Moore
448 3. 1942

D-132

50

2077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

2077

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David

Davidson

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1101 Key Highway

Ontario, Canada

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lachine

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 11, 1900

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Third Engineer - S.S. Sunavis

10B. KIND OF BUSINESS OR
INDUSTRY

Saquaney Terminal

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

Canada

13. FATHER'S NAME

David Davidson

14. MOTHER'S MAIDEN NAME

Helen McPherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Annabella Davidson, 221 W. Monument

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction
Coronary artery disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
☒ March 7, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Montreal

24D. LOCATION (City, town, or county)

Montreal,

Canada

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

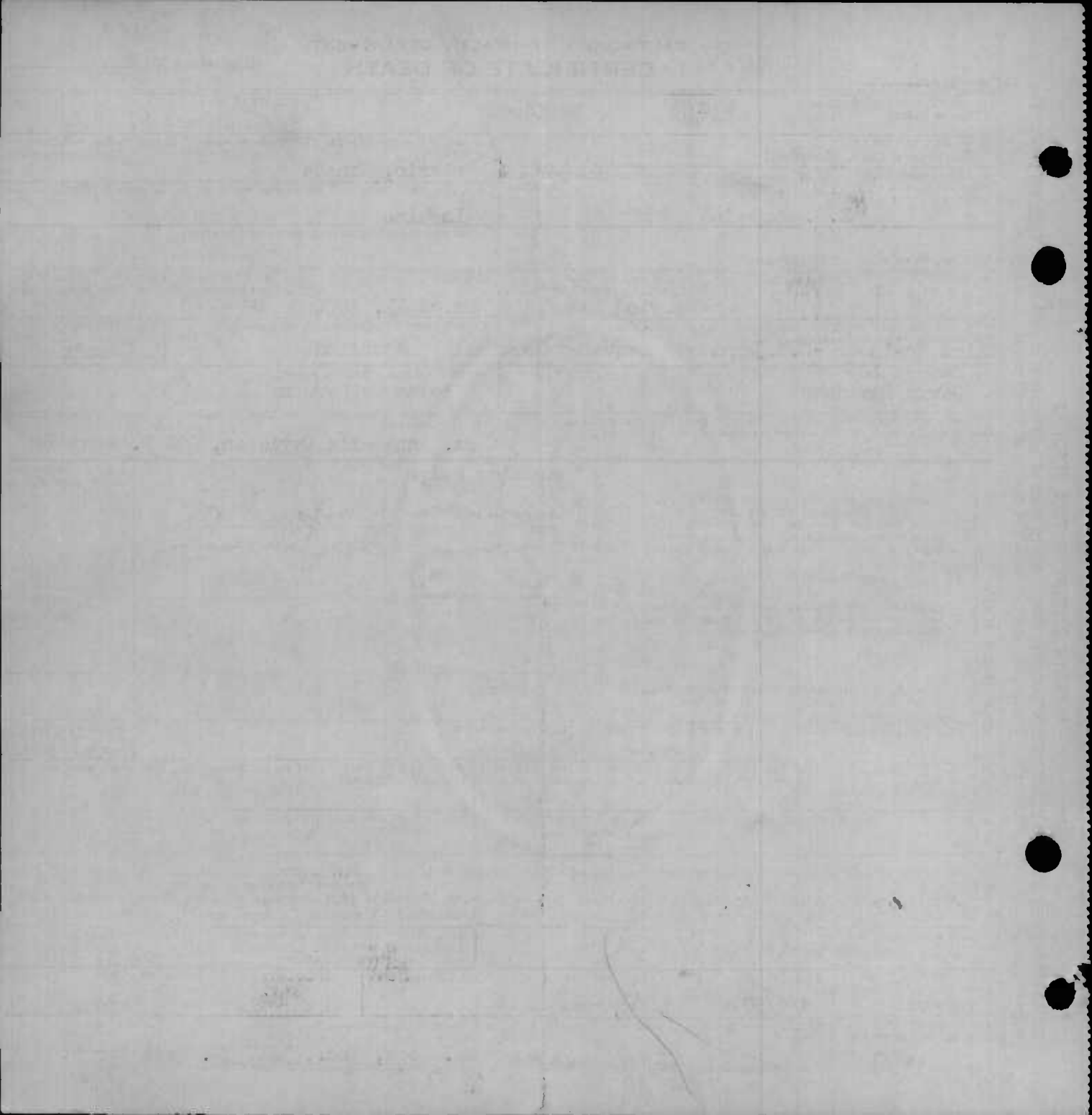
Wm. Cook, Inc., 1217 St. Paul Street

MAR 8 - 1950

Flemington Williams, M.D.

43057 2077

94a ✓



A-352
MS--129528

50 2078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2078

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Adams

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

4-01

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

113 W. Franklin St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

May 1, 1876

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired.

10B. KIND OF BUSINESS OR
INDUSTRY

Laborer.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Emery Adamouies

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records--4940 Eastern Ave.

18. 526 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchiectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-1949, to 3-7-1950, that I last saw the
deceased alive on 3-7-1950, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M.O.

B.C.H.--4940 Eastern Ave.

3-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-9-50

Sacred Heart Cem.

4701 German Hill Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

50 982000

106B

507240
op 2105

1:51

01A 103200 010-

L-510

50 2079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2079

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Anna F. Lomp)

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 1400 N. Caroline Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

41 St. Joseph's

D. STREET ADDRESS (If rural, give location)

1129 Valley St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-25-1884

9. AGE (In years
last birthday)

65

If Under 1 Year
Months Days

5 11

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe. (Sales Clerk)

10B. KIND OF BUSINESS OR
INDUSTRY

Confectioners Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rudolph Frankl

14. MOTHER'S MAIDEN NAME

Julianna Nohe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
216-24-6576

17. INFORMANT

Mr. George J. Lomp # J. Lomp-1129 Valley Street

ADDRESS

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma (metastatic)

Of Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bronchogenic carcinoma with
metastasis to the pleura

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

over

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 11, 1950, to March 6, 1950, that I last saw the
deceased alive on March 6, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

S. H. Kaan

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

March 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-9-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

MAR 8 - 1950

VS 150

2988/2081

47c

Letter in document file 50-2079 4/10/50

F-530 CERTIFICATE CORRECTED 3-24-50

50 2080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Eugenia M. Fenty

2. DATE
OF
DEATH

March 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Washington D.C.

D. STREET ADDRESS (If rural, give location)

5401 Meadow Rd

c. Length of stay in Baltimore

9. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Wisc.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Donnelinger

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

George L. Fenty

ADDRESS

JOHNS HOPKINS HOSPITAL, Suitland, Md.

18.

401.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary infarction
and pulmonary edemaINTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

active Rheumatic heart disease

5 yrs

over

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Branchopneumonia

1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 to 3/8, 1950, that I last saw the
deceased alive on 3/8, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Susan Adams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-11-50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Suitland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

W. W. Chambers Co.

ADDRESS

Wash D.C.

MAR 8 - 1950
VS 150

2080

95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

27079-40

Letter in document file 50-2080-5/10/50.

B.C. 4-97435

50 2081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2081

BIRTH NO. <i>Robert</i>		2. DATE OF DEATH <i>3-5-50</i>	
1. NAME OF DECEASED (Type or Print) <i>ALAN Adolph A. Adolphi</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>130th St</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>UNION Memorial Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>6927 Logwood Rd</i>	
c. Length of stay in Baltimore <i>R</i> ² Yrs. ³ Mos. ³ Days		8. DATE OF BIRTH <i>12-17-47</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	9. AGE (In years last birthday) <i>2</i>	10. Under 1 Year Months: Days <i>3</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country) <i>Balts. Ind</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles W. Adolphi</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Adolphi</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Mildred Adolphi</i>		ADDRESS	
18. <i>157X</i> , 202.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the pancreas (type to be determined) - with bone metastases</i> DUE TO <i>Obs. fracture in ampulla of duodenum (over)</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>poor education - assailed - and lipothymia pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Marshall H. Carver</i>		23B. ADDRESS <i>Union Memorial Hospital</i>	
23C. DATE SIGNED <i>3-5-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/8/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Lawrence</i>		24D. LOCATION (City, town, or county) (State) <i>Ba & Co 57E</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Mac Nabband & Son</i>		ADDRESS	

B.C.

G 97435

See Document File 50-2081

6. 26. 50

ES

B-625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2082

BIRTH NO. 50 2082

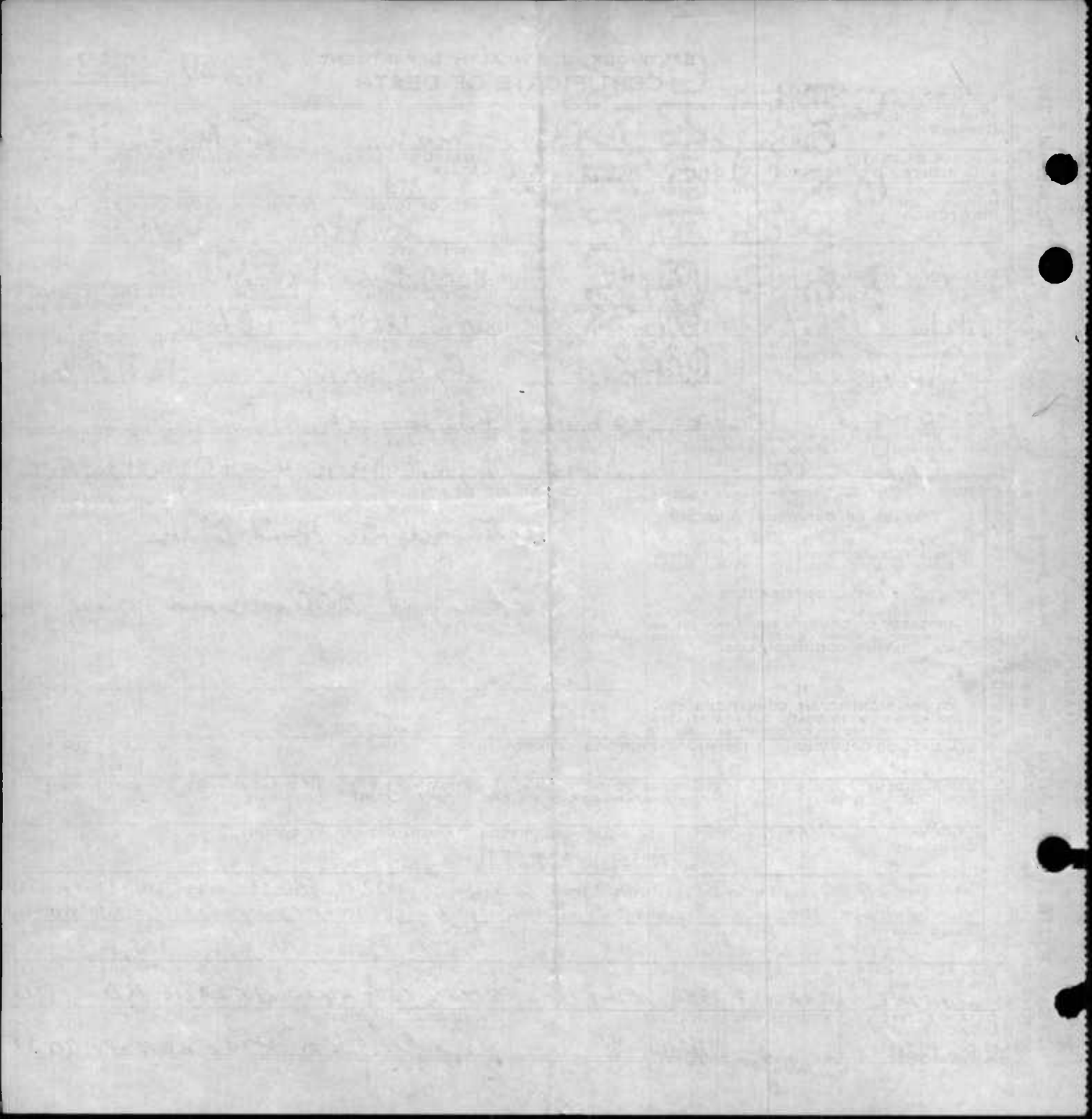
1. NAME OF DECEASED (Type or Print) George Bergmann			2. DATE OF DEATH March 7-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland 44009 Overlea Ave			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore 62 yrs			D. STREET ADDRESS (If rural, give location) 4009 Overlea Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 1864?	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Bergman			14. MOTHER'S MAIDEN NAME Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Margaret Kern			ADDRESS 4009 Overlea Ave		

18. 420.0	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Heart Disease	1 yr.
ANTECEDENT CAUSES		(B) Generalized arteriosclerosis	many years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1950, to Mar 7 , 1950, that I last saw the deceased alive on Mar 6 , 1950, and that death occurred at 11 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Max R. English		23B. ADDRESS 6713 Belair Rd		23C. DATE SIGNED 3-8-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MARCH 9 1950		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	
24D. LOCATION (City, town, or county) (State) MD		24E. LOCATION (City, town, or county) (State) MD		24F. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR 8-1950		REGISTRAR'S SIGNATURE William M. ...		25. FUNERAL DIRECTOR 1800 E LOMBARD ST	
VS 150		2		93D	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.



PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-552

50 2083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

50 2083
Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Street Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>634 Willow Ave</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mary</u> (Middle) <u>Brancer</u> (Last) <u>Cummings</u>	4. DATE OF DEATH	(Month) <u>March</u> (Day) <u>7</u> (Year) <u>1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 24 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	
13. FATHER'S NAME <u>Thomas Morrison</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Glackier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT AND ADDRESS <u>Andrew L. Cummings</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Arteriosclerotic Heart Disease - gradual</u>	
Antecedent cause(s)	(b) <u>Coronary sclerosis, enlarged heart, Diabetes Mellitus & nephrosclerosis</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>and venous corona</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardium due to (old)</u>		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>atherosclerotic coronary thrombosis</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1949, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE Donald W. Mintz (Degree or title) ADDRESS 309 Evergreen Ave. No. 3/8/50 DATE SIGNED 14 Feb 1950

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	DATE <u>March 19 1950</u>	NAME OF CEMETERY OR CREMATORY <u>Harford Co. Md.</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>MAR 8 - 1950</u>	REGISTRAR'S SIGNATURE <u>William H. Williams</u>	24. FUNERAL DIRECTOR <u>H. S. Bailey</u>	ADDRESS <u>Harlington 61 Md.</u>

As rearranged by Doctor - our request to show cause order

Immediate cause

I - Cardiac failure + uremic coma
due to arteriosclerotic heart disease

Other conditions contributing

II { Diabetes mellitus & nephrosclerosis
Infarction of myocardium due to
Arteriosclerotic coronary thrombosis (old)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2084**BIRTH NO. **50 2084**1. NAME OF DECEASED
(Type or Print)**Laura S. L. Williams.**2. DATE
OF
DEATH**March 5, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md.B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**1405 Madison Ave**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore, 14-02**

D. STREET ADDRESS (If rural, give location)

1405 Madison Ave.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

March 13, 18899. AGE (In years
last birthday)**60**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Herzhiah Lightford.

14. MOTHER'S MAIDEN NAME

Annie Samples.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hyland Williams, 1405 Madison Ave.18. **592X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Uremic Coma**
DUE TO**4 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Chronic hepatitis**
DUE TO
(C)**?**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Hypertension****?**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 1949** to **March 5, 1950** that I last saw the
deceased alive on **March 5, 1950**, and that death occurred at **1:40** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford P. Immerser

M. D.

23B. ADDRESS

3309 Inland Hill Ave

23C. DATE SIGNED

3-8-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

3-9-1950
REGISTRAR'S SIGNATURE**Thurston Williams, M.D.**

24C. NAME OF CEMETERY OR CREMATORY

W. T. Auburn Cem

24D. LOCATION (City, town, or county)

Balto

(State)

Md.
FUNERAL DIRECTOR**Mrs. Peter R. Williams**ADDRESS **322 N**
Schroeder St

VS 150

MAR 8 - 1950

500002086

131a

308

107

G-435

50 2085

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2085
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hermine Gladden

2. DATE
OF
DEATH

3-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2622 Huron St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 25-03A

D. STREET ADDRESS (If rural, give location)

2622 Huron Street

c. Length of stay in Baltimore

8 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-3-1121

9. AGE (in years
last birthday)

20

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Canning factory

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Gladden

14. MOTHER'S MAIDEN NAME

Gloria Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-28-693

17. INFORMANT

ADDRESS

2622 Huron St.

18.

002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Interdiction of the lungs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Feb-13-50, 1950, to March-6, 1950, that I last saw the
deceased alive on 3-4, 1950, and that death occurred at 12:17 m., from the causes and on the date stated above.

23A. SIGNATURE

Walter H. Somerville

M. D.

23B. ADDRESS

2708 Hollister Rd.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-9-1950

Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams

322 N. Schroeder St.

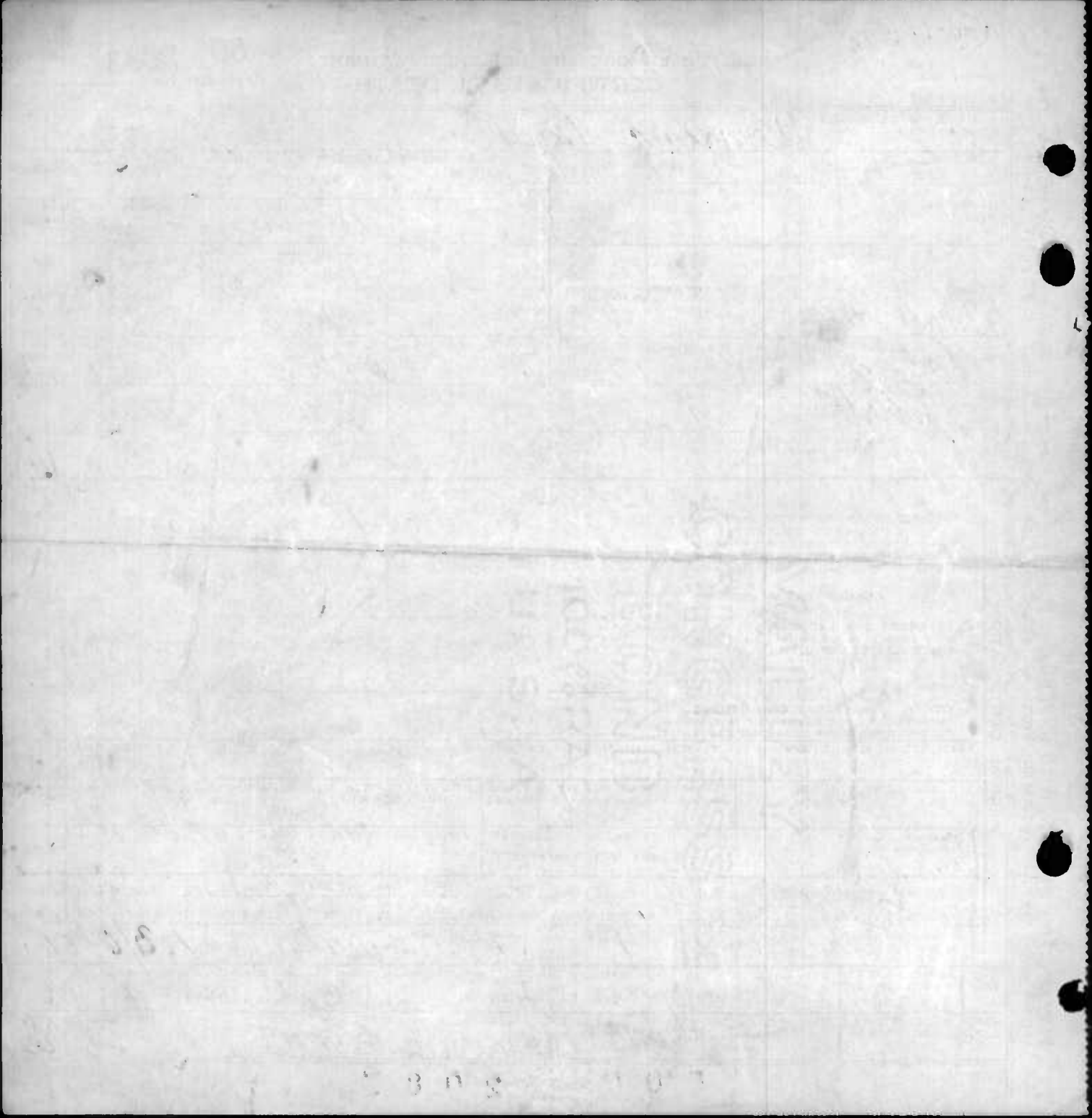
MAR 8-1950

5 09 PP 30 2 0 8 7

12 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2086
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ERNEST PEARCE

2. DATE
OF
DEATH

MAR. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

HYDES

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

25

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ERNEST PEARCE

14. MOTHER'S MAIDEN NAME

BERTHA MAY HIRLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES WORLD WAR 2

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

CATHERINE V. PEARCE

18.

178X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) METASTATIC MALIGNANCY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) EMBRYONAL CARCINOMA OF
THE TESTICLE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

OCT 1949

19B. MAJOR FINDINGS OF OPERATION

Embryonal carcinoma, testicle

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950 to Mar 8, 1950 that I last saw the
deceased alive on Mar 8, 1950, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Mar 8, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11-50

24C. NAME OF CEMETERY OR CREMATORY

Fork

24D. LOCATION (City, town, or county)

Fork Belk Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Winington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Martha S. Kuntz

2308000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas W. Lanigan

2. DATE
OF
DEATH

3-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD Balto.

8. FULL NAME OF HOSPITAL OR INSTITUTION

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

207 Beechwood Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/21/1900

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Marine Service Manager

10B. KIND OF BUSINESS OR INDUSTRY

S.S. Shermans Shipping Agency

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm P. Lanigan

14. MOTHER'S MAIDEN NAME

Ada Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Elizabeth Lanigan 207 Beechwood Ave

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Laryngeal Paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Brain tumor

(C)

Lung carcinoma

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

3-7-50

19B. MAJOR FINDINGS OF OPERATION

Pulmonary edema, severe

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1950, to 3-8, 1950, that I last saw the deceased alive on 3-8, 1950, and that death occurred at 10 15 Am., from the causes and on the date stated above.

23A. SIGNATURE

Conway Nichols

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

New York City

24D. LOCATION (City, town, or county)

N. Y.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Winnington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Bok Inc. 1217 St. Paul St.

ADDRESS

Was brain tumor also malignant?

If so, could lung carcinoma be
considered metastatic with
brain - original site?

B-340

50 2088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2088

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Bethel

2. DATE
OF
DEATH3/8/50 - 12³⁰ P.M.
before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1509 Filbert St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 25-05

D. STREET ADDRESS (If rural, give location)

1509 Filbert St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/27/1880

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Thompson's

11. BIRTHPLACE (State or foreign country)

Charles City

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown)

Bethel

REAL ESTATE
SERVICE

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-09-3320

17. INFORMANT ADDRESS

Ernest Weatherford
1509 Filbert St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio vascular
disease.1 year
4 mos.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8/48, 19__, to 3/8/50, 19__, that I last saw the
deceased alive on 3/7/50, 19__ and that death occurred at 12.50m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Leibel

M. O.

23B. ADDRESS

P. M.
1226 Hanover Street.

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St Paul St

MAR 9 - 1950

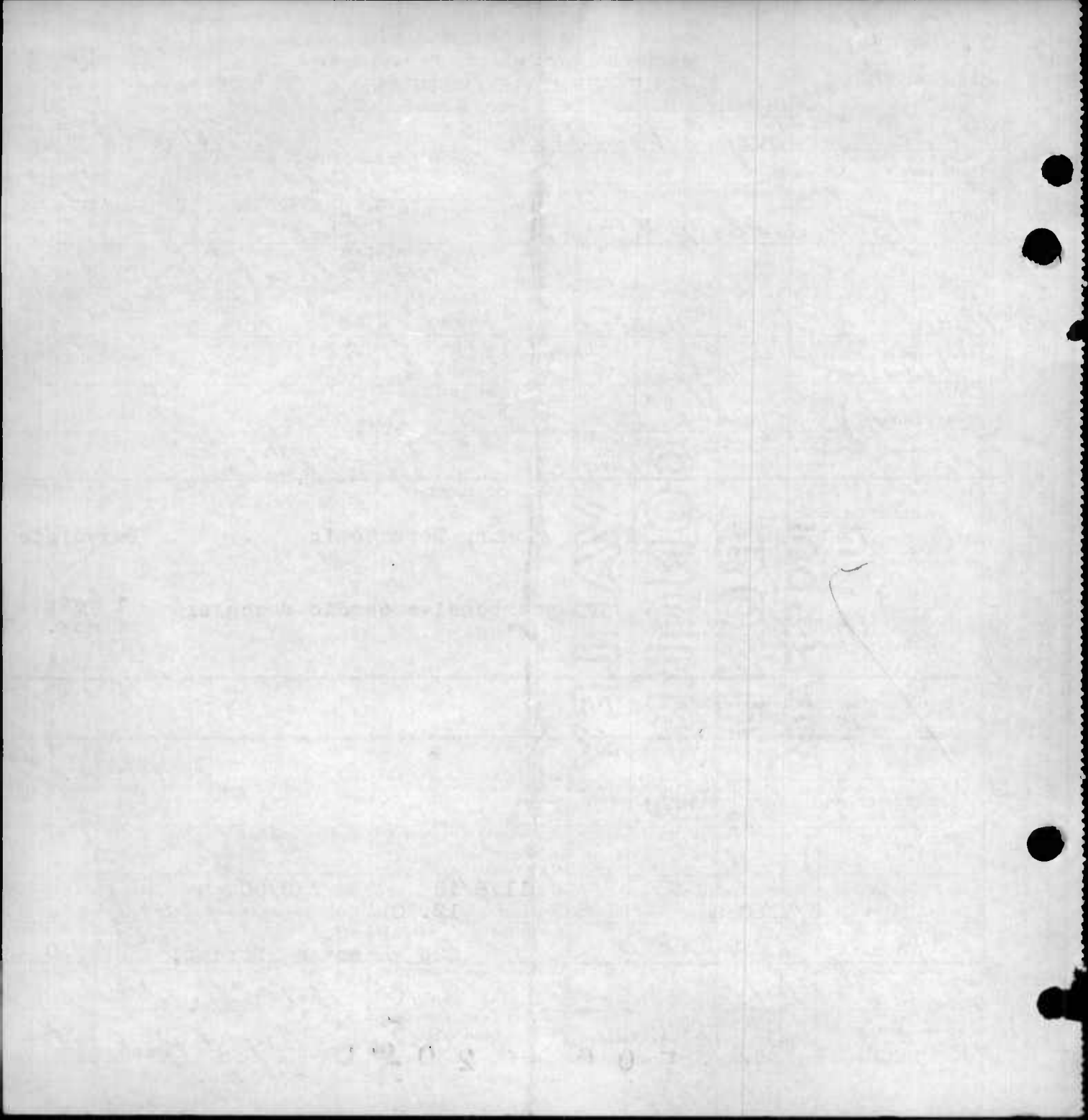
VS 150

74081

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 50 2089		1. NAME OF DECEASED (Type or Print) <i>Christina M. Weide</i>		2. DATE OF DEATH <i>3/2/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i> Md </i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1530 N. Patterson Pk Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md 8-04</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1530 N. Patterson Pk Ave</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 5-1880</i>	9. AGE (In years last birthday) <i>(72) 69</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>John Korn</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Charlotte Slinger 1530 N. Pat. Pk. Ave</i>	
18. <i>422.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Anticoagulant C. U. disease</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>P. J. Lubinski</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <i>3/2/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/10/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm Cook Inc.</i>		25. FUNERAL DIRECTOR ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 2090
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HACKETT, Weema R

2. DATE
OF
DEATH

3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-02

D. STREET ADDRESS (If rural, give location)

16 31 N. Fulton

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 25, 1904

9. AGE (In years

last birthday)

45

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Metal worker

10B. KIND OF BUSINESS OR INDUSTRY

Auto

(M)

11. BIRTHPLACE (State or foreign country)

Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Hackett

14. MOTHER'S MAIDEN NAME

Ida Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-05-9769

17. INFORMANT

Maria C. Hackett

ADDRESS 1631 Fulton Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Hypostatic Pneumonia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/16, 1950 to 3/5, 1950 that I last saw the deceased alive on 3/5, 1950, and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III, M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

3/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF WITNESSES

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CONSTABLE

SIGNATURE OF TOWNSHIP CLERK

SIGNATURE OF COUNTY CLERK

SIGNATURE OF STATE CLERK

SIGNATURE OF ATTORNEY GENERAL

SIGNATURE OF GOVERNOR

SIGNATURE OF VICE GOVERNOR

N-240

50 2091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2091
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Charles Nagel.</u>			2. DATE OF DEATH <u>3/7/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St Agnes Hosp.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>40 St Agnes Hospital.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-05</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>525 S. Bentalou St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 15 '99</u>	9. AGE (In years last birthday) <u>50.</u>	10. Under 1 Year Months: <u>0</u> Days: <u>0</u> Hours: <u>0</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>GROcery store (R)</u>		
11. BIRTHPLACE (State or foreign country) <u>md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>md.</u>		
13. FATHER'S NAME <u>Karl Nagel</u>			14. MOTHER'S MAIDEN NAME <u>Julia Linder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>MRS ROSA NAGEL</u>			ADDRESS <u>525 S BENTALOU ST.</u>		

18. <u>581.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cirrhosis of Liver</u> DUE TO <u>and Esophageal Varices</u> DUE TO <u>(C)</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>2/28/50</u>	19B. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of Liver</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>2/9</u> 19 <u>50</u> to <u>3/7</u> 19 <u>50</u> , that I last saw the deceased alive on <u>3/7</u> 19 <u>50</u> , and that death occurred at <u>12 30</u> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Stephen K. Padonis</u> M. D.	23B. ADDRESS <u>St. Agnes Hospital</u>	23C. DATE SIGNED <u>3/7/50</u>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>3/10/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LOUDON PARK.</u>
24D. LOCATION (City, town, or county) <u>FREDERICK RD.</u>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Winington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>JOHN F. DENNY, INC</u>
ADDRESS <u>715 LIGHT ST. - 30</u>		

VS 150

1950002095
15661

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

THE
BOND
COMPANY
LAWYERS

WILLIAM B. BOND
JAMES B. BOND

MERICAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2092
Registered No. _____

50 2092
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Dena Merican			2. DATE OF DEATH March 8 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3208 Vickers Rd			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3208 Vickers Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 60 Yrs.			D. STREET ADDRESS (If rural, give location) 3208 Vickers Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 2, 1882	9. AGE (In years, last birthday) 67	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Joseph Cohen			14. MOTHER'S MAIDEN NAME Rose Goodman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Harry Merican- 3208 Vickers Road		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Borman's thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension, neglected			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct - 10 , 19 49 to Mar 8 , 19 50 that I last saw the deceased alive on Mar 8 , 19 50 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE Dart Trancien	23B. ADDRESS 122 W See St	23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-9-50n	24C. NAME OF CEMETERY OR CREMATORY Mogan Abraham Cong.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1950	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Sol Levinson & Bros-1124-26 W North Ave.	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-251

50 2093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2093

Registered No. _____

1. NAME OF DECEASED (Type or Print) HYMAN FEIGENBLUM			2. DATE OF DEATH March 7, 1950		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Hyman Pk. Drive & 31st St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12		
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 2588 Druid Park Drive		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/3/07	9. AGE (In years last birthday) 46 43	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse worker			10b. KIND OF BUSINESS OR INDUSTRY Camp Holabird, Balto, Md.		
11. BIRTHPLACE (State or foreign country) NY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob Feigenblum			14. MOTHER'S MAIDEN NAME Pauline Zellman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2			16. SOCIAL SECURITY NO. 212-01-0913		
17. INFORMANT Records- US Marine Hospital, Balto, Md.			ADDRESS _____		
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Infiltrating tumor third ventricle of brain CAUSE OF DEATH (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____ INTERVAL BETWEEN ONSET AND DEATH Unknown					
19a. DATE OF OPERATION 3/6/50			19b. MAJOR FINDINGS OF OPERATION SEE ABOVE "CAUSE OF DEATH"		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 29, 1949 , to Mar. 7, 1950 , that I last saw the deceased alive on Mar. 7, 1950 , and that death occurred at 10:45 PM , from the causes and on the date stated above.					
23a. SIGNATURE John L. Wilson, Medical Director			23b. ADDRESS US Marine Hospital, Balto, Md.		23c. DATE SIGNED 3/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-50	24c. NAME OF CEMETERY OR CREMATORY Hebrew Mt. Carmel		24d. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1950		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR Sol Levinson & Bros-1124 W North Avenue	

155 98897 2005

5412

UNITED STATES OF AMERICA

1-1-1

2

of which

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

260X

E-123

50 2094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SAMUEL EPSTEIN			2. DATE OF DEATH March 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4402 Daytona Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13		
c. Length of stay in Baltimore 43 Yrs. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4402 Daytona Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1879	9. AGE (In years, last birthday) 70	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bread Baker		10B. KIND OF BUSINESS OR INDUSTRY Bakery Shop (R)		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? USA.			13. FATHER'S NAME Morris Epstein		
14. MOTHER'S MAIDEN NAME Eva ???			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. 225-07-1725			17. INFORMANT Celia Epstein-4402 Daytona Avenue		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetes Mellitus DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis DUE TO Generalized Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 8 years 5 days ? years over		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September , 19 42 , to March 8 , 19 50 , that I last saw the deceased alive on 3-7 , 19 50 , and that death occurred at 7 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Sam Ashman		23B. ADDRESS 1201 Poylar Lane St 16		23C. DATE SIGNED 3-8-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-9-50		24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Sol Levinson & Bros-1124-26 W North Avenue			

195000XV2096

Request the doctor to rearrange
the order of the causes as specified
on the medical certification so as to
make clear his opinion of the
underlying cause of death

Letter in document file 50-2094 4/10/50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2095

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)*Paula T. Fix*2. DATE
OF
DEATH*MAR. 6-1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

133 S. Catherine St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City, Md.

O. STREET ADDRESS (If rural, give location)

133 S. Catherine St

c. Length of stay in Baltimore

*6 1/2 Yrs.
Mos.
Days*

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-26-1872

9. AGE (In years last birthday)

77

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Alois H. Hubcher

14. MOTHER'S MAIDEN NAME

Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. E. G. Stepp

ADDRESS

*- Same*18. *450.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Pulmonary Edema**4 hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

*Cardiac Dilatation**1 Month*

DUE TO

(C)

*Arterio Sclerosis**3*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 15, 1950* to *Mar 6, 1950*, that I last saw the deceased alive on *Mar 4, 1950*, and that death occurred at *2:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

James H. Katz

23B. ADDRESS

721 Medical City Bldg

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/1950

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem. Balto.

24D. LOCATION (City, town, or county)

29-Med

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Winnington Williams, M.D.

25. FUNERAL DIRECTOR

H. B. Spert & Son

ADDRESS

1300 Putnam Rd - 17

G-520
MS--135955BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2096
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Goines (Goings)

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City HospitalsC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rural--(Dundalk)

3/ 4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

20 Cottage Ave. Zone 22- Dundalk

c. Length of stay in Baltimore

5 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1900

9. AGE (In years
last birthday)

49

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work and number of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Deceased)

14. MOTHER'S MAIDEN NAME

(Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records--4940 Eastern Ave.

18.

163 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-23-49 10-28-49

19B. MAJOR FINDINGS OF OPERATION

Pulmonary Condition

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1950 to 3-7-1950, that I last saw the
deceased alive on 3-7-1950 and that death occurred at 10:20AM, from the causes and on the date stated above.

23A. SIGNATURE

G. S. Cozart

M. O.

23B. ADDRESS

B. C. H.--4940 Eastern Ave.

23C. DATE SIGNED

3-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5-1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy C. Wilson

ADDRESS

1000 Brantly Ave

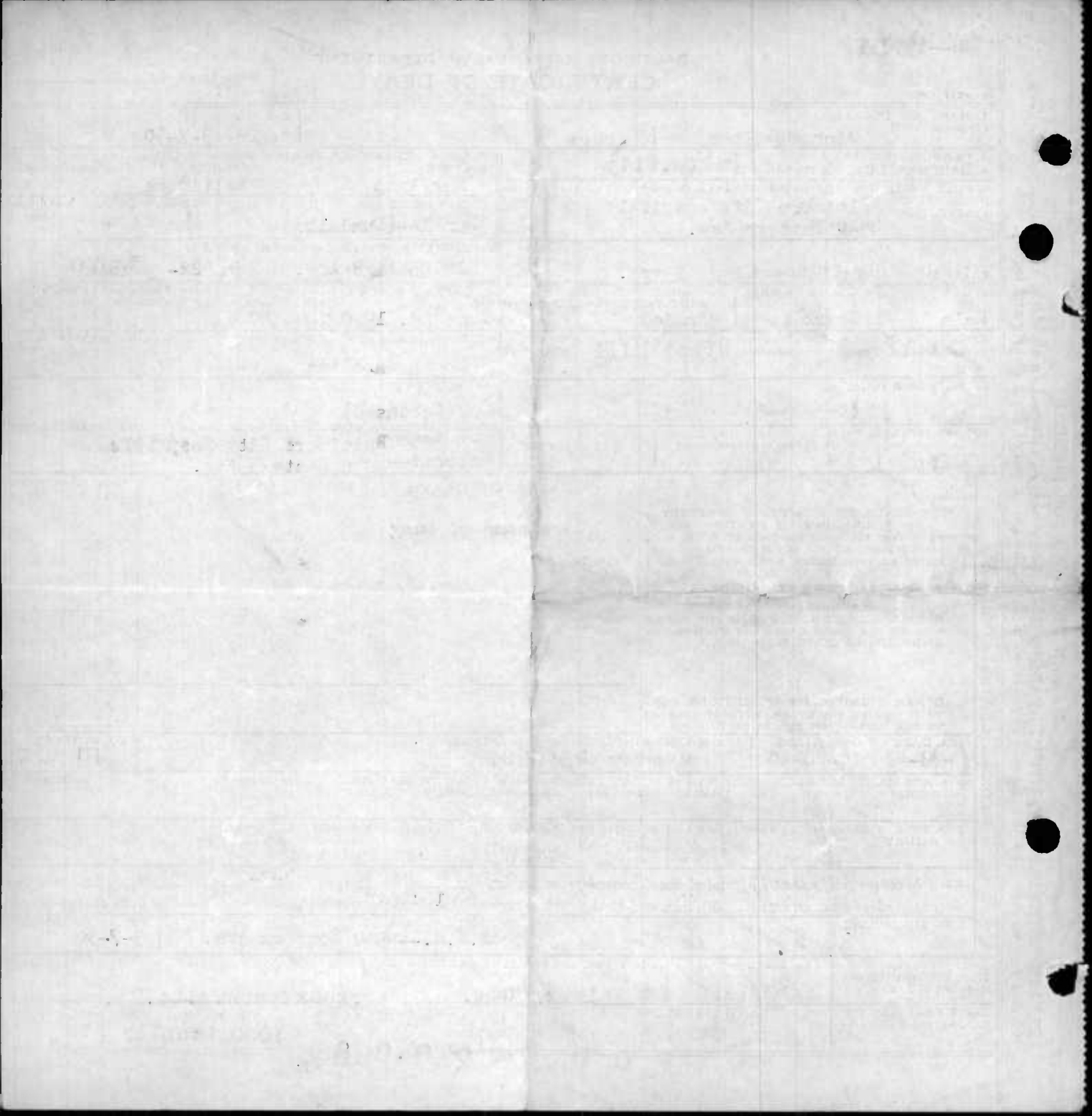
VS 150

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47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TOWNES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2097

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hellie Townes -

2. DATE
OF
DEATH

March 5 '50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Ind.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - 8-02

D. STREET ADDRESS (If rural, give location)

1800 N. Gay St -

c. Length of stay in Baltimore

35 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 12 1908

9. AGE (In years
last birthday)

41

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Blakely Georgia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Butler

14. MOTHER'S MAIDEN NAME

Elsie Rosedales

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Potassium Intoxication

3 days

ANTECEDENT CAUSES

DUE TO

(B)

Uremia

4 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arteriolonephrosclerosis

(C)

Hypertensive Cardiovascular Disease

5 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 1, 1950 to Mar. 5, 1950 that I last saw the
deceased alive on Mar. 5, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Hartmann

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

[illegible]

[Faint handwritten notes]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

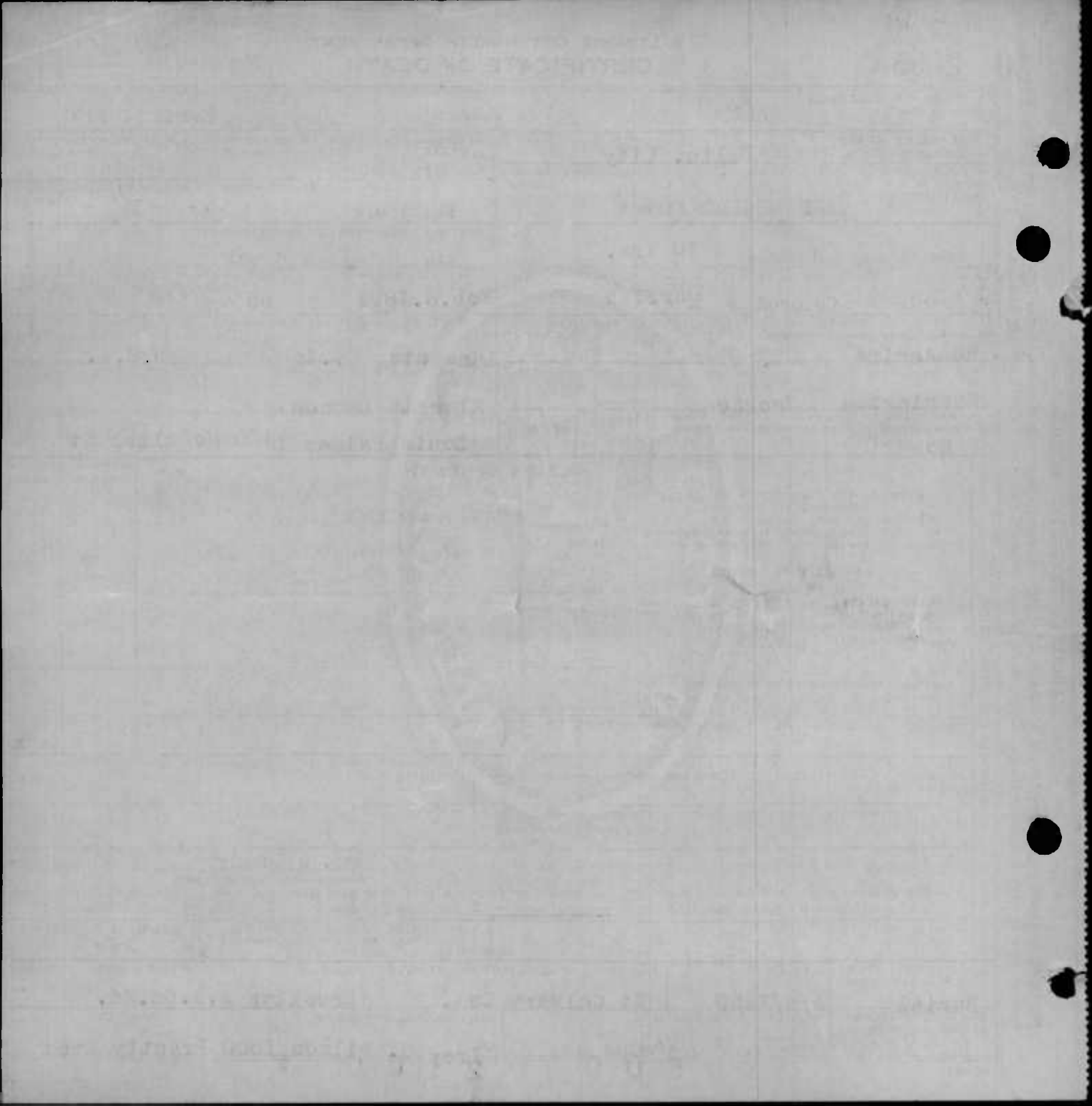
50 2098
Registered No. _____

50 2098
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ALICE PALMER		2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1401 McCulloh Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
c. Length of stay in Baltimore 10 Yrs.		D. STREET ADDRESS (If rural, give location) 1401 McCulloh Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56 55
13. FATHER'S NAME Washington Jackson		11. BIRTHPLACE (State or foreign country) Lancaster Co. Va	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Alveta Lawson	
17. INFORMANT Louis Palmer		ADDRESS 1400 McCulloh St	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
(A) Cerebral hemorrhage DUE TO		
(B) _____ DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 3-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/9/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn A.A.Co.Md.		25. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly Ave			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 2099

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edward P. Vincente

2. DATE
OF
DEATH

March 8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 111 N. Durham St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY
111 N. Durham St.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. Md. 6-04

C. Length of stay in Baltimore

Yrs.
Mos.
Days
Life

D. STREET ADDRESS (If rural, give location)

111 N. Durham St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 21, 1877

9. AGE (in years,
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Huckster (Self Employed)

10B. KIND OF BUSINESS OR
INDUSTRY

Produce (R)

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alfonzo Vincente

14. MOTHER'S MAIDEN NAME

Sarah Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. John Waicker, 605 N. Castle St. ✓

18.

480X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2d.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Grippe

?

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetic and heart patient M.C.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Mar 1950, to 8 Mar 1950, that I last saw the deceased alive on 8 Mar 1950 and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thella M.D.

M. O.

23B. ADDRESS

2214 Etacilla St. 31

23C. DATE SIGNED

9 Mar 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 11/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Henry

ADDRESS

2024 Orleans St.

VALLEY
CONCRETE
BOND

Supply
at the
valley

at the valley

at the valley

at the valley

at the valley

at the valley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2100

Registered No.

50 2100

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARY CAPLIS

2. DATE
OF
DEATH

3/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write P.O. and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Caplis

14. MOTHER'S MAIDEN NAME

Kenny Sachs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Caplis 1024 Ledgeley St

18. J.O.D. X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3/7/50, 19 to 3/8/50, 19, that I last saw the deceased alive on 3/8/50, 19, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lee N. Kasten

M. D.

23B. ADDRESS

10 Sinai

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-9-50

Hebrew Mt Cemetery

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

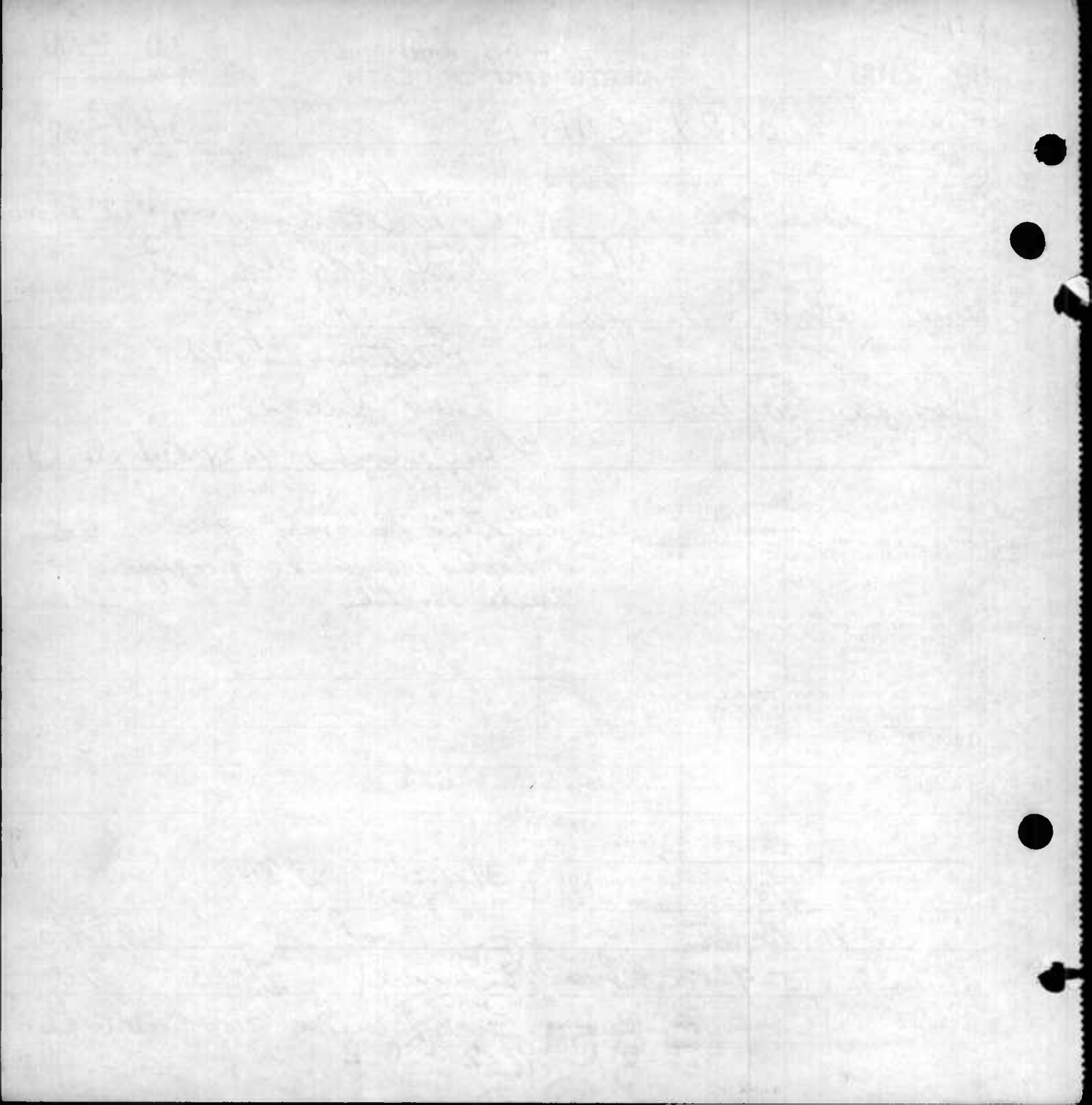
25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1950

Huntington Williams, M.D.

Jack Lewis, Inc 2100 Catow Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2101
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman H. Marchand

2. DATE
OF
DEATH

March 8th 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2246 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-05

C. Length of stay in Baltimore

3 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

2246 Eutaw Place

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

never worked here

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ernest Oppenheimer 2477 Calow

18. *E 977.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Asphyxiation due to

(B) DUE TO

illumination gas

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2246 Eutaw Place

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 8th 1950 8 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Two open burners on gas range head in oven

22. I certify that I took charge of the remains described above, held an *inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. Delbecq

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE, SIGNED

March 9th 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-9-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Beth

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 Eutaw Pl

VS 151

N-968

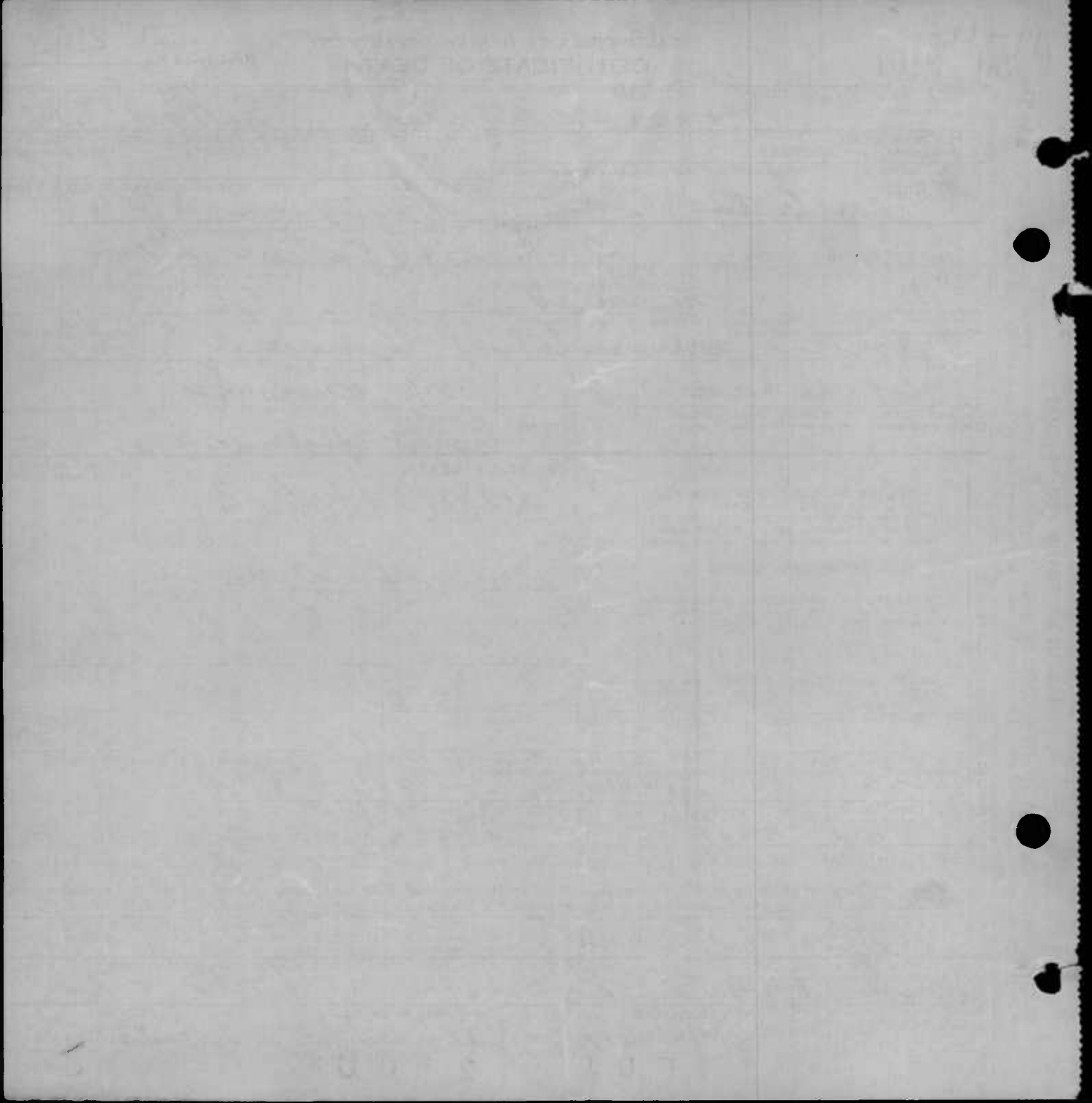
4500

2103

163H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2102
Registered No. _____

BIRTH NO. 48-27630

1. NAME OF DECEASED (Type or Print) <u>Horatio Corbett</u>			2. DATE OF DEATH <u>MAR 8 - 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. city</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>903 E. Hillen St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-13-48</u>	9. AGE (In years, last birthday) <u>1</u>	If Under 1 Year: Months: Days <u>3</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Walter Corbett</u>			14. MOTHER'S MAIDEN NAME <u>Mary</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>042.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Septicemia</u>				INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Salmonella infection</u>				(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(C) DUE TO	
19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-5</u> , 19 <u>50</u> , to <u>3-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>50</u> , and that death occurred at <u>2:41</u> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>James Gamble</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>3-8-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/10/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Inf Alvery Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Brooklyn md</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Thurston Williams</u>	25. FUNERAL DIRECTOR <u>Clay O. Wilson</u>		ADDRESS <u>1110 Brantly</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Please give the type of
organisms and underlying cause.

If an injury preceded the
infection, state the nature of injury.

Letter in document file 50-2102 - 5/4/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2103

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel Williams

2. DATE
OF
DEATH

3/7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

111 N. Carrollton Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

111 N. Carrollton Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Weeden - 111 N. Carrollton Ave

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to March 7, 1950, that I last saw the
deceased alive on 3/7, 1950, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Neill

23B. ADDRESS

420 N. G. St.

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1950

Wilmington, Delaware

Samuel W. Sullivan, Jr.

VS 150

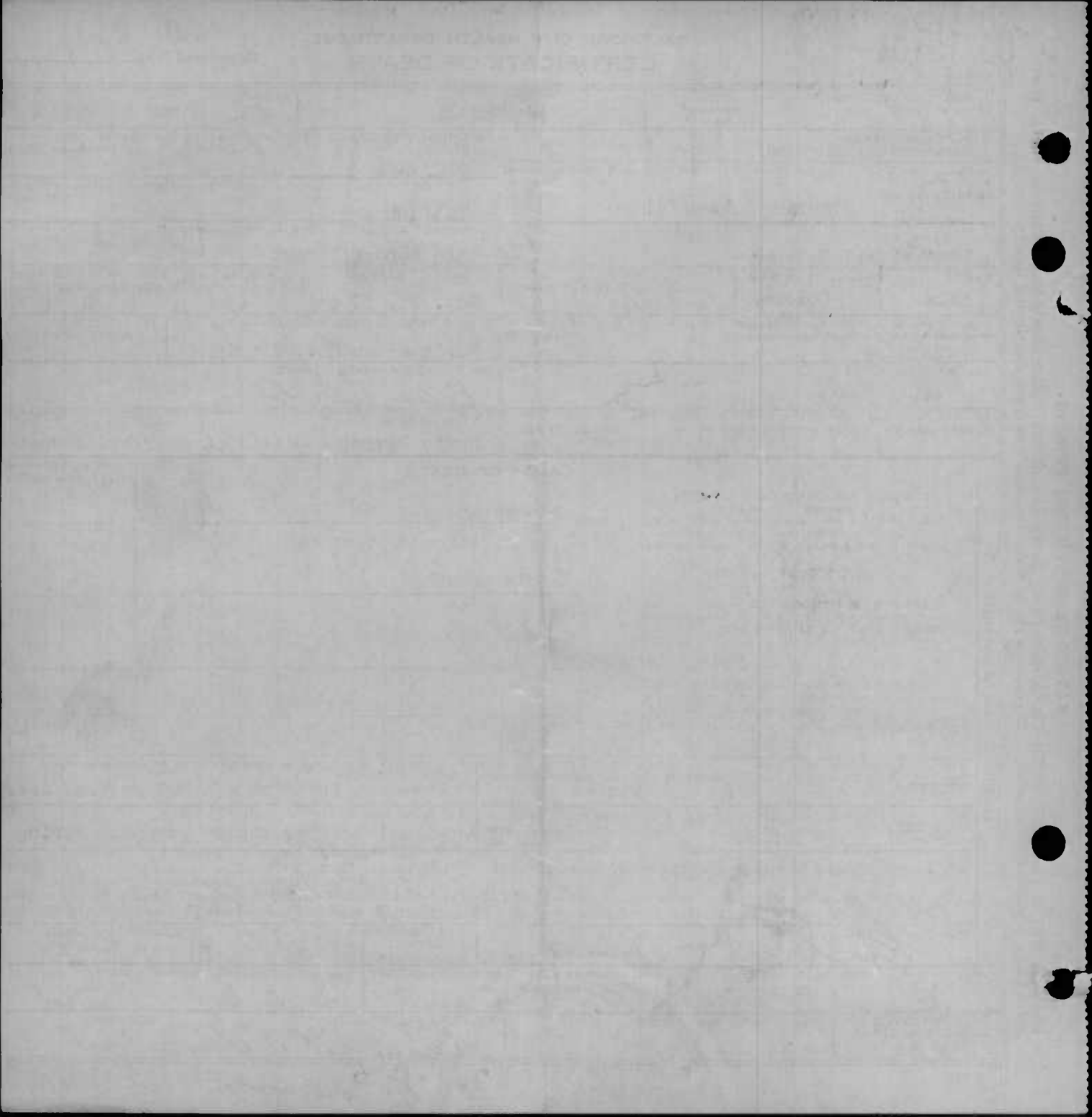
77087

1011 N. Arlington Ave #3a

S-530
50 2104BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2104
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CLIFTON SMITH	
2. DATE OF DEATH March 5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 25, 1906
9. AGE (In years last birthday) 43	10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10B. KIND OF BUSINESS OR INDUSTRY APT HOUSE
11. BIRTHPLACE (State or foreign country) Northampton Co., Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Smith	14. MOTHER'S MAIDEN NAME Effie Jacobs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT Mamie Bevans	ADDRESS 519 Cumberland Street
18. 500 X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation DUE TO aspiration of vomitus ANTECEDENT CAUSES Acute bronchitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street
21C. WHERE DID INJURY OCCUR? Pavement in front of 1709 Madison Ave.	21D. TIME (Month) (Day) (Year) (Hour) 3-5-50 10:08 P M.
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aspiration of vomitus apparently during coughing spell
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE [Signature]	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>
23C. DATE SIGNED 3-5-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 3/9/50
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) A. A. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1950	25. FUNERAL DIRECTOR Samuel W. Sullivan Jr.
REGISTERAR'S SIGNATURE [Signature]	ADDRESS 2011 N. Arlington Ave 106a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2105

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Raymond N. Campbell Hall

2. DATE
OF
DEATH

Mar. 6-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

1106 Edmondson Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1106 Edmondson Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 22-1913

9. AGE (In years last birthday)

36

If Under 1 Year Months: Days

3

12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hat maker

10B. KIND OF BUSINESS OR INDUSTRY

Hats (M)

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Clarence Campbell

14. MOTHER'S MAIDEN NAME

Aureta Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-05-9766

17. INFORMANT

Aureta Richardson - 1106 Edmondson Ave

18.

223 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Malnutrition*

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cerebral Tumor (benign)*

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 1949* to *March 1950*, that I last saw the deceased alive on *3/13*, 1950, and that death occurred at *7:00 P* m., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Hunter Heart

23B. ADDRESS

601 N. Carrollton

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

3/9/50

24C. NAME OF CEMETERY OR CREMATORY

Laurel Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan, Jr.

ADDRESS

VS 150

49685 1041 W. Collington Ave 567

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 50-2105

4-19-50

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2106

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline Meyer

2. DATE
OF
DEATH

Mar. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2607 Hamilton Avenue

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 5, 1860

9. AGE (in years last birthday)

89

If Under 1 Year

Months

If Under 24 Hours

Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? Snell

14. MOTHER'S MAIDEN NAME

Mathilde ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John F. Meyer, Jr. 5008 Edgar Terr.

18.

241 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bronchial Asthma

DUE TO

(C)

Senility

INTERVAL BETWEEN ONSET AND DEATH

Feb 15-50
3 weeks

1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15th 1950, to March 8th 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. Gordy Wilcox

M. D.

23B. ADDRESS

5706 Harford Road

23C. DATE SIGNED

3-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

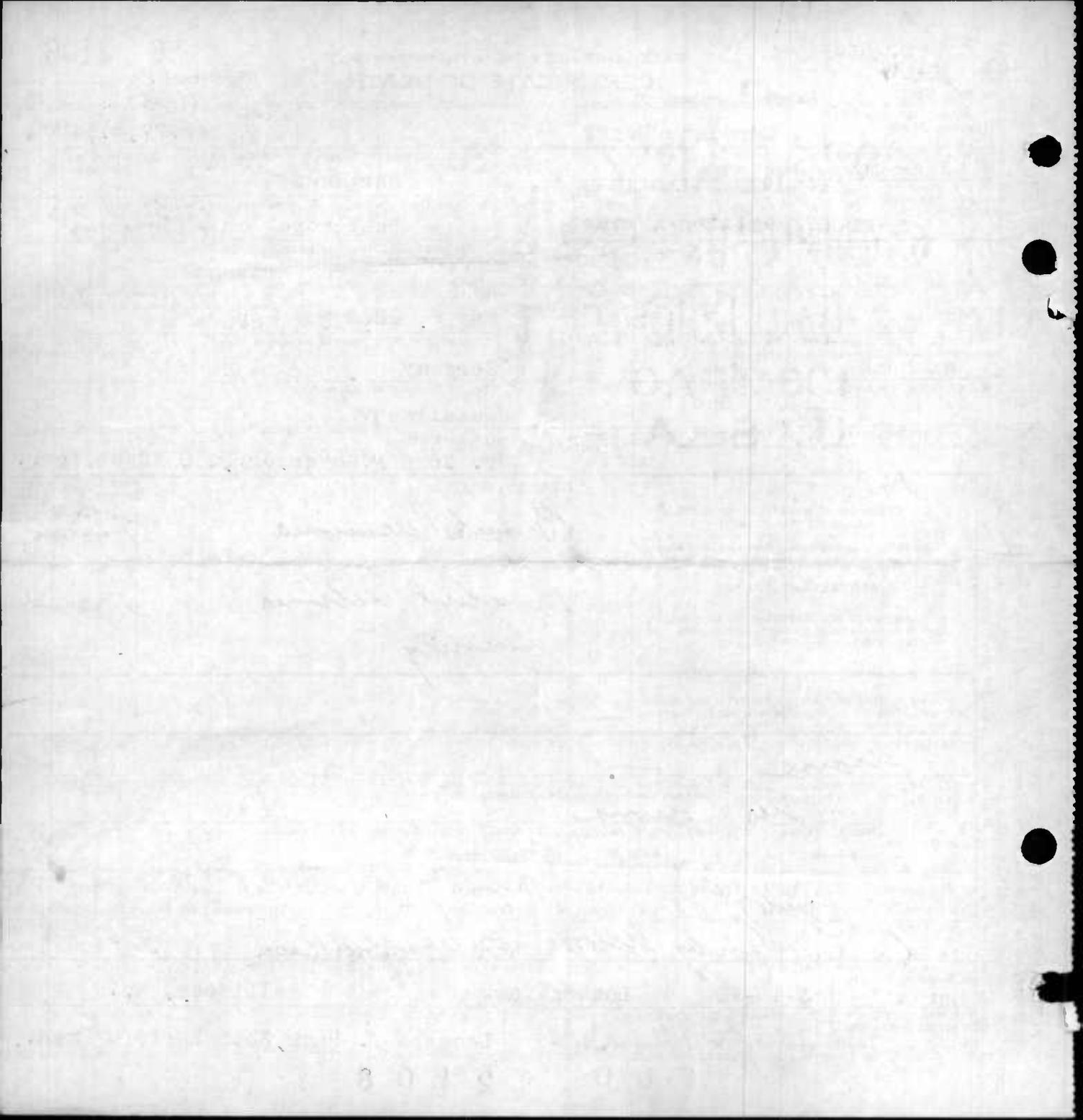
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



A-536
Dr. Harding
50 2107BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2107
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Andrews		Mar. 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2805 Hamilton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2805 Hamilton Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 24, 1879	9. AGE (in years last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Adolph Tuerke		14. MOTHER'S MAIDEN NAME Carrie Apple		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Paul Southcomb, 2805 Hamilton	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ch Myocarditis (A) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio sclerosis. Ch Nephritis. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1949, to March 7, 1950, that I last saw the deceased alive on 3/6, 1950, and that death occurred at 3:00 P. M., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Harding		23B. ADDRESS 3805 Selair Rd. M. D.		23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-10-50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1950		REGISTRAR'S SIGNATURE Washington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

VS 150

2109

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2108
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

47
C. Length of stay in Baltimore

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 20, 1891

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Harry J. Muir

14. MOTHER'S MAIDEN NAME

Anna Sexton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Gen. Carcinomatosis

DUE TO

(B) Carcinoma of Breasts

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1950, to March 9, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Decker

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1950

VS 150

2110

50

CERTIFICATE OF DEATH

1913

John

John

Hospital

John

1913

John

John

John

John

John

John

John

K-512
50 2109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2109
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARTIN KNPSTAD		2. DATE OF DEATH February 25, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Country b. COUNTY Norway			
b. FULL NAME OF (If not in hospital or institution, give street address or location) Found: In harbor at Pier 10 Locust Point		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vestfold			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 24-1			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-3-1888	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY S. S. Gudvor		11. BIRTHPLACE (State or foreign country) Norway	
12. CITIZEN OF WHAT COUNTRY? Norway		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Norwegian Consulate, Stewart Building			
18. E851 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Pneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found: In harbor Pier 10 Locust Point	
21D. TIME (Month) (Day) (Year) (Hour) Found: February 25, '50 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? freighter Jan. 18, '50 Found drowned (Disappeared from	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Paul L. Ryan		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 28, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE March 9, 1950		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR 9 - 1950
VS 151

N-990

1505 43032111

183

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C-236

50 2110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2110

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN F. COSTER

2. DATE
OF
DEATH

Mar. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4600 Old Frederick Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

4600 Old Frederick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 10, 1880

9. AGE (In years
last birthday)

69

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired captain

10B. KIND OF BUSINESS OR
INDUSTRY

steamboat

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas I. Coster

14. MOTHER'S MAIDEN NAME

Mary J. Hellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Rd.

Mrs. Dorothy Coster 4600 Old Frederick Rd.

18.

204.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Broncho-pneumonia

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Cerebral Hemorrhage

6 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Monocytic Leukemia

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from Jan. 1947 to Mar 7, 1950, that I last saw the
deceased alive Mar 7, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A.P. Von Schuef

M. D.

4818 Edmondson Ave

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/10/50

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William Williams, M.D.

WM. J. TICKNER & SONS

Balto., Md.

MAR 9 - 1950

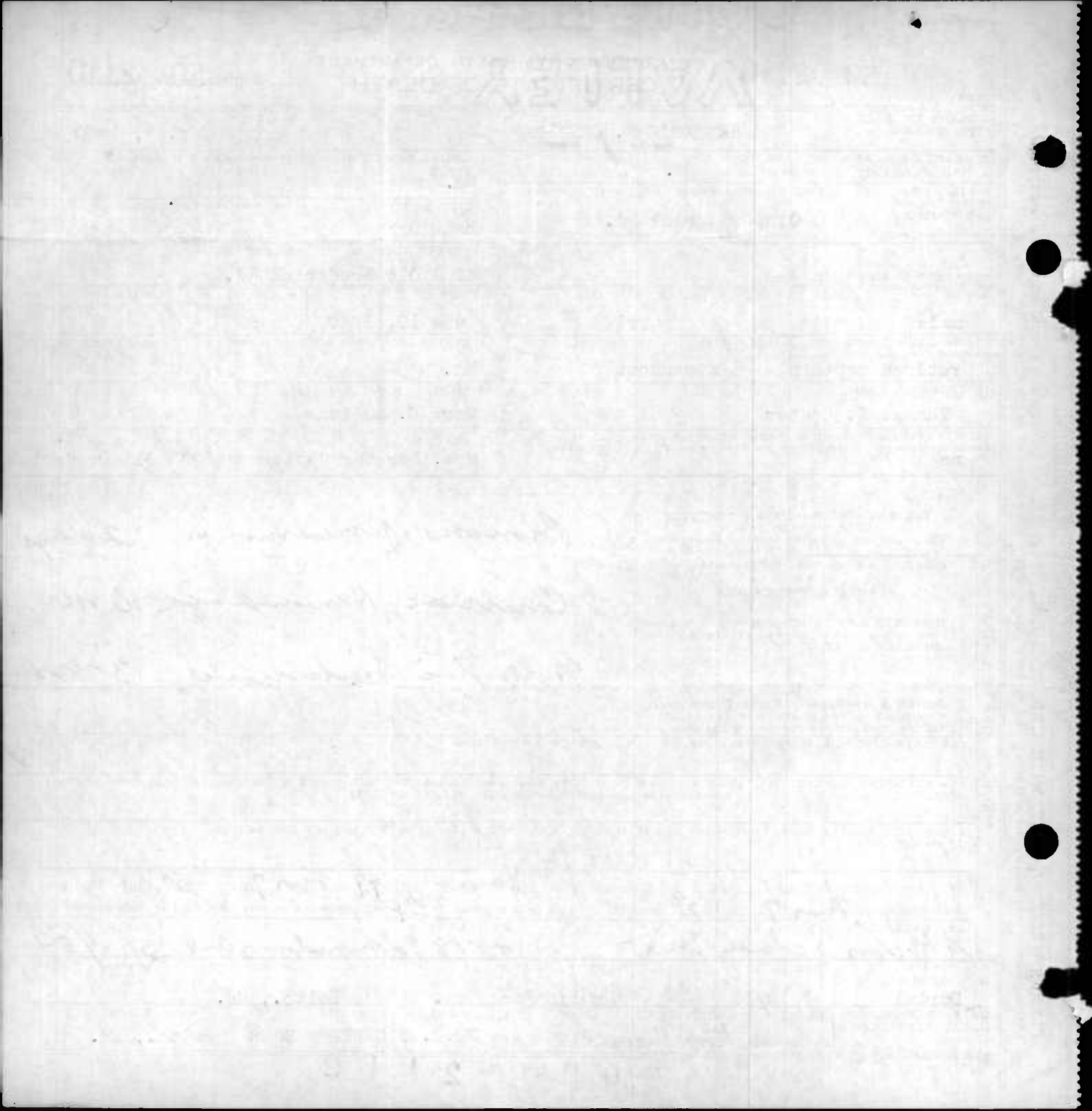
VS 150

95 130 570 2110

74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



F-623

50 2111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2111

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES A. FORRESTER

2. DATE
OF
DEATH

Mar. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2019 W. North Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2019 W. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

May 24, 1889

9. AGE (In years
last birthday)

90

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Uright

14. MOTHER'S MAIDEN NAME

Julia Waller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

PRIEST ADDRESS

Mrs. Julia Forrester 2019 W North Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Sudden Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

chronic myocarditis

DUE TO

7 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Smile depennation.

chronic cystitis preceded by acute cystitis 7 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to March 7, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Maurice S. Shamer

23B. ADDRESS

3300 W. North Ave

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

9 5 0 0 0 0 2 1 1 3

93D

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE NATIONAL ARCHIVES
COLLECTION OF
RECORDS OF THE
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C. 20500

11-15-58

RECEIVED
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C. 20500

TO: DIRECTOR, BUREAU OF LAND MANAGEMENT
FROM: SAC, ALBUQUERQUE (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 11-15-58

BY: [Illegible]

100-100000-1000

100-100000-1000

100-100000-1000

100-100000-1000

100-100000-1000

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100-100000-1000

B-653 2112

ALMA
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2112
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Alma Marie Burns			2. DATE OF DEATH 3/8/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 15-04					
B. FULL NAME OF HOSPITAL OR INSTITUTION West Balto. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2014 Walbrook Ave.					
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 15, 1904			9. AGE (In years last birthday) 45		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Balto., Md.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. James T. Burns, Sr. 2014 Walbrook Av		

18. **456x**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) **Generalized Lupus erythematosus**
DUE TO **Generalized Lupus erythematosus**(B) **over**

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE John R. Davis		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 3/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR WM. J. TICKNER & SONS		24F. ADDRESS Balto., Md.	

Letter in document file. 50-2112 - 3/31/50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob E. Hoffman

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Home for Incurables

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md. 12-07

D. STREET ADDRESS (If rural, give location)

700 W. 40th St.

C. Length of stay in Baltimore

75 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

B. DATE OF BIRTH

Aug. 26, 1871

9. AGE (In years
last birthday)

78 yrs

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland, Carroll Co

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Hoffman

14. MOTHER'S MAIDEN NAME

Kazah Alban

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

M. F. Owens, Home for Incurables

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

8 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis (Generalized)

10 years

DUE TO

(C)

Right Hemiparesis

10 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐

22. I hereby certify that I attended the deceased from 12/10, 1944, to 3/7, 1950, that I last saw the deceased alive on 3/6, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. G. Grotton Hersperger

M. O.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

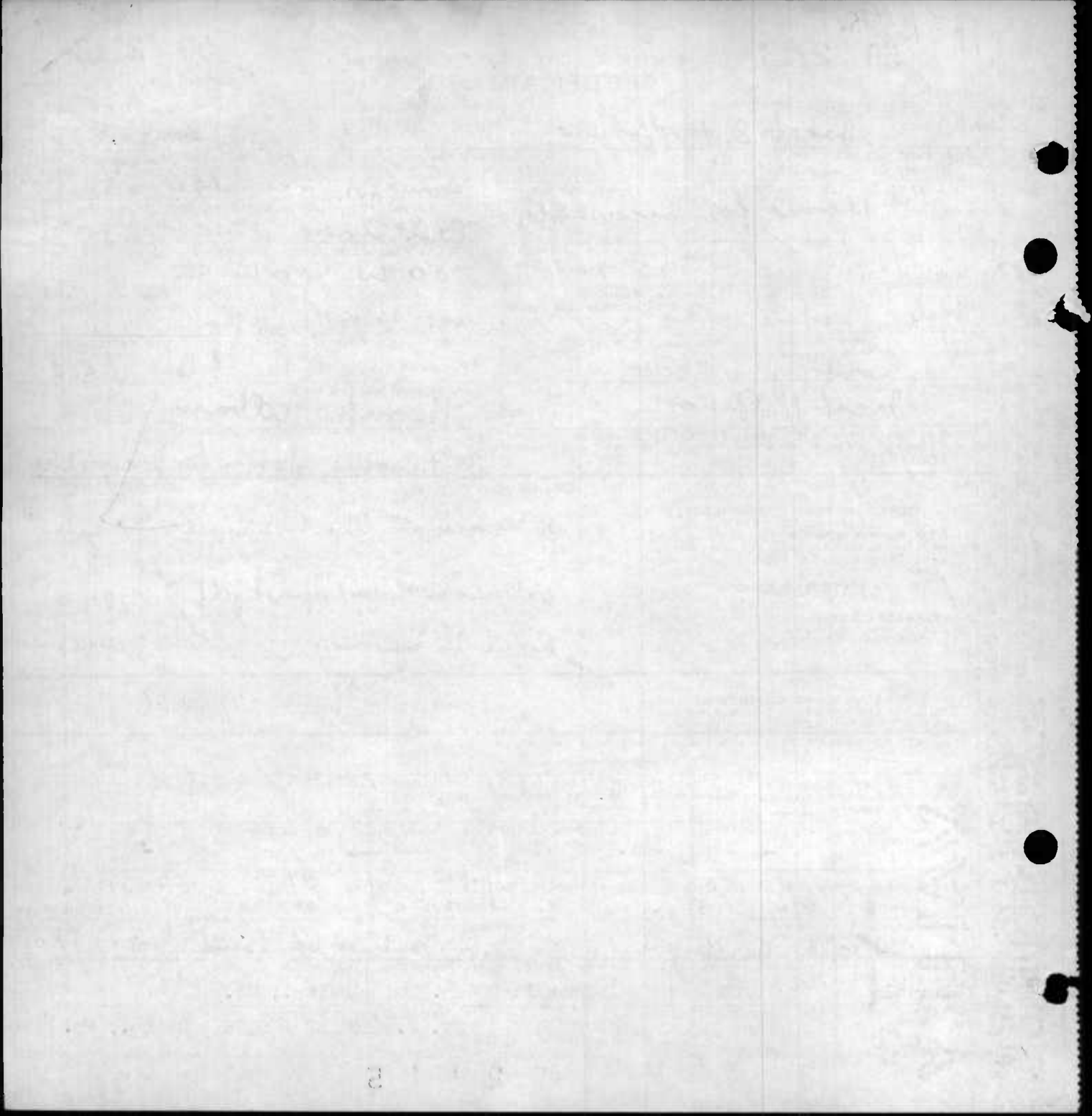
ADDRESS

Balto., Md.

VS 150

1950 00002115

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. RUTH Frey ANNAN

2. DATE
OF
DEATH

3/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Church Home + Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

205 S. Hammonds Ferry Rd.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 12, 1907

9. AGE (In years last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM A. FREY, SR.

14. MOTHER'S MAIDEN NAME

Mary Mc Menamies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-01-5567

17. INFORMANT

Mrs. Samuel M. Annan

ADDRESS

Annan

18.

416 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Massive Pulmonary Infarction 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Heart Disease inactive

(C)

INTERVAL BETWEEN ONSET AND DEATH

over

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1950 to 3/8, 1950, that I last saw the deceased alive on 3/8, 1950, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Euser

M. D.

23B. ADDRESS

Church Home + Hosp.

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Mountain View Cem.

24D. LOCATION (City, town, or county)

Emmitsburg, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William J. Tickner & Sons

Balto. Md.

Was this a case of
active rheumatic fever
with heart involvement?

Letter in document file. 50-2114 4/12/50.

S-530

50 2115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2115

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Joseph Smith

2. DATE
OF DEATH

March 8 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1505 Ellamont St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ad

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

1505 Ellamont St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 31-1882

9. AGE (In years
last birthday)

67

10. Under 1 Year

Months

11. Under 24 Hours

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Peter Smith

14. MOTHER'S MARRIAGE NAME

Emma Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

no

16. SOCIAL
SECURITY NO.

212-20-9720

17. INFORMANT

ADDRESS

Olivia Bauer 1505 Ellamont St.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic suppurative Otitis Media 10.50

(B)

DUE TO

Sclerosis of Both Medulla oblongata
Atrophy of Brain because of
Chronic suppurative Otitis Media

(C)

DUE TO

Diabetes & Encephalitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 1/10, 1950, to Mar 8, 1950, that I last saw the
deceased alive on 3/7, 1950 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles C. Cahn

23B. ADDRESS

23145 W Baltimore St 3/8/50

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 11-1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab

VS 150

1 905 0 608 982 1 17

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Please rearrange the order of the causes
as specified on the medical certification,
so as to make clear your opinion of
the underlying cause of death

Letter in document file. 50-2115 4/12/50.

S-160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2116

Registered No.

BIRTH NO.

50 2116

1. NAME OF DECEASED
(Type or Print)

George Andrewer Schaler

2. DATE
OF
DEATH

March 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 137 Willard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
137 Willard St. Balto. Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

137 Willard St. Balto Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 20-04

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

137 Willard St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 2, 1877

9. AGE (In years
last birthday)

73

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Schaler

14. MOTHER'S MAIDEN NAME

Katherine Eisenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-22-4430

17. INFORMANT

ADDRESS

Max Vernon Cook 137 Willard St 32

18.

592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic nephritis

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chronic bronchitis, bronchiectasis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to March 8, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roemer

23B. ADDRESS

206 S. Gilmer St.

23C. DATE SIGNED

3-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARCH 9 1950

George L. Schwalb

2101 Frederick Ave

VS 150

9899 2110

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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WALLING IN THE NORTH

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2117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN DOT, COOK

2. DATE
OF
DEATH

3/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

431 E. FORT AVE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 24-04

D. STREET ADDRESS (If rural, give location)

431 E. FORT AVE

c. Length of stay in Baltimore

31

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

Feb. 13, 1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CASH, VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George Walker

14. MOTHER'S MAIDEN NAME

Batharine Brubaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

MIDDLETON COOK

ADDRESS

SAME

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY THROMBOSIS

DUE TO

INSTANT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE C. V. DISEASE

DUE TO

(C) ARTERIO SCLEROSIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 1, 1949 to MAR. 8, 1950 that I last saw the
deceased alive on MAR. 8, 1950, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Housha

23B. ADDRESS

933 E. East Ave

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buryal

March 11, 1950

Glen Haven

A. A. Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1950

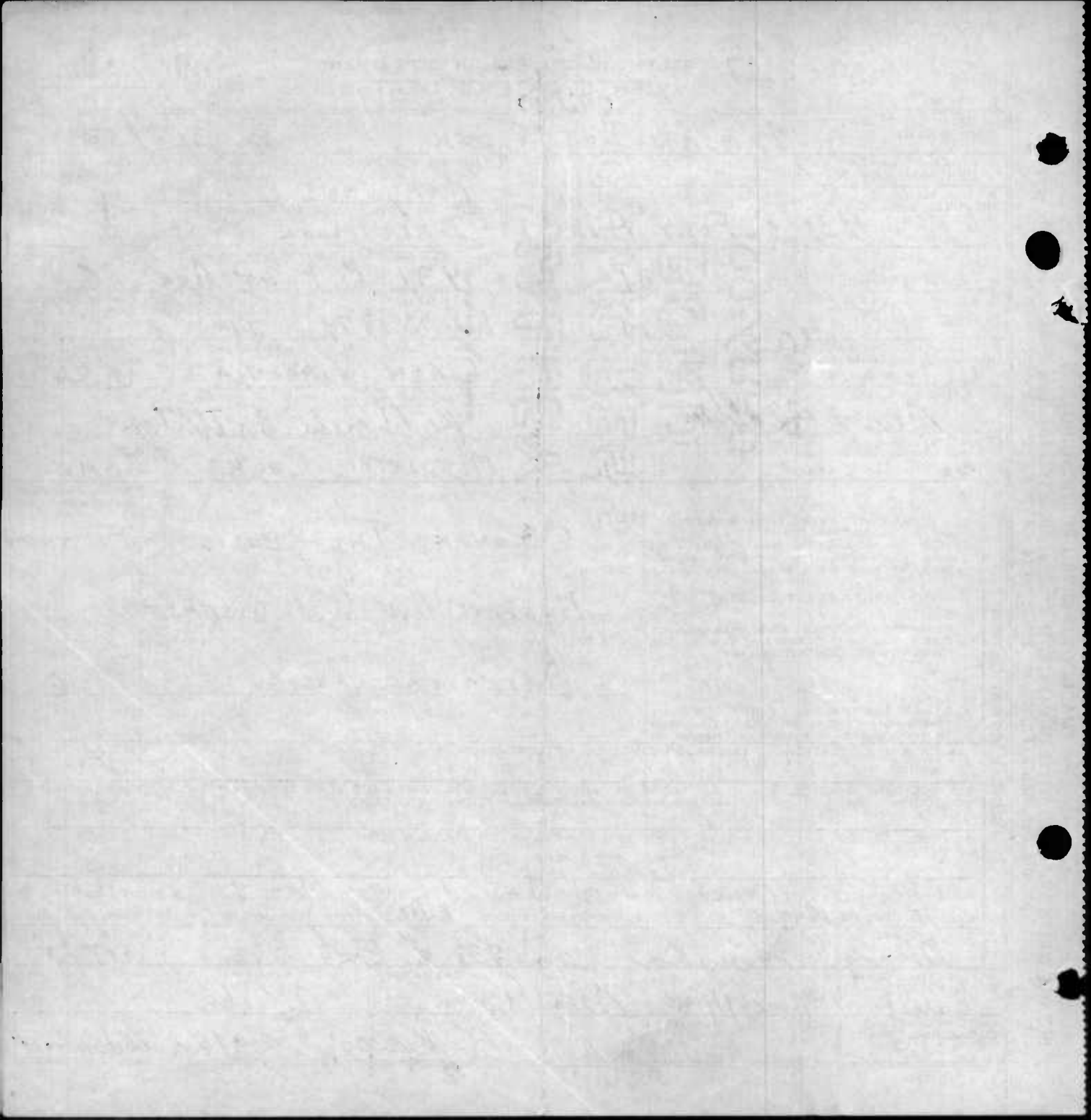
Huntington Williams M.D.

A. Korasos Evans 1400 S. Charles St

VS 150

01 9500002117

937



F-636

50 2118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2118

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			WILLIAM ALFRED FREDERICK			MARCH-8-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2429 Harlem Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto. City					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
at home			Baltimore					
c. Length of stay in Baltimore			life					
5. SEX			6. COLOR OR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
Male			White			Married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Decorator			Draperies Etc.			Baltimore, Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?		
Henry Frederick			Mary McMillan			U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
No			No			Melva H. Frederick (wife) 2429 Harlem Av		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Lobar pneumonia Due TO Lack of resistance - no reserve.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) Lymphoid Leukaemia Due TO throat infection of about 1 year previous					
			(C) General Arterio Sclerosis etc. due to age.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					
none			none					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
none			none			nowhere		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?		
none			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			did not occur		
22. I hereby certify that I attended the deceased from January 17, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
J. W. Keown			1938 Linden Ave			Feb 8/50		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
burial			March-10-50			Western		
24D. LOCATION (City, town, or county) (State)			25. FUNERAL DIRECTOR ADDRESS			25. FUNERAL DIRECTOR ADDRESS		
Baltimore, Maryland			Stewart & Mowen Company, 108-W-North-Av.					

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MAR 9 - 1950
VS 150

2120

74a

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

For the year ending December 31, 19

Age at death

Sex

Color

Place of birth

Married

Occupation

Education

Religion

Usual residence

Place of death

Time of death

Cause of death

Immediate cause

Underlying cause

Contributing cause

Mode of death

Signature of physician

Signature of registrar

Signature of informant

Signature of witness

Signature of coroner

Signature of jury

Signature of judge

Signature of clerk

Signature of sheriff

Signature of constable

Signature of justice

Signature of assessor

Signature of collector

Signature of treasurer

Signature of comptroller

Signature of auditor

Signature of surveyor

Signature of engineer

Signature of architect

Signature of draftsman

Signature of painter

Signature of carpenter

Signature of mason

Signature of bricklayer

Signature of cooper

Signature of joiner

Signature of cabinetmaker

Signature of upholsterer

Signature of saddler

Signature of harness maker

Signature of shoemaker

5-152

50 2119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2119

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nana Patricia Spengler

2. DATE
OF
DEATH

3-7-5-

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE. (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1607 E. Lafayette Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1607 E. Lafayette Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-17-1889,

9. AGE (In years,
last birthday)

60

If Under 1 Year
Months: Days

II 20

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hugh McElroy

14. MOTHER'S MAIDEN NAME

Kate Gearry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John A. Spengler-1607 E. Lafayette Ave.

18.

443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Aorta stenosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Cardio-vascular disease

6 months

(C)

Hypertension

3 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1950, to 3/7, 1950, that I last saw the
deceased alive on 3/7, 1950, and that death occurred at 3/7, 1950, from the causes and on the date stated above.

23A. SIGNATURE

David Miller

M. D.

23B. ADDRESS

1500 N. Broadway

23C. DATE SIGNED

3/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-II-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

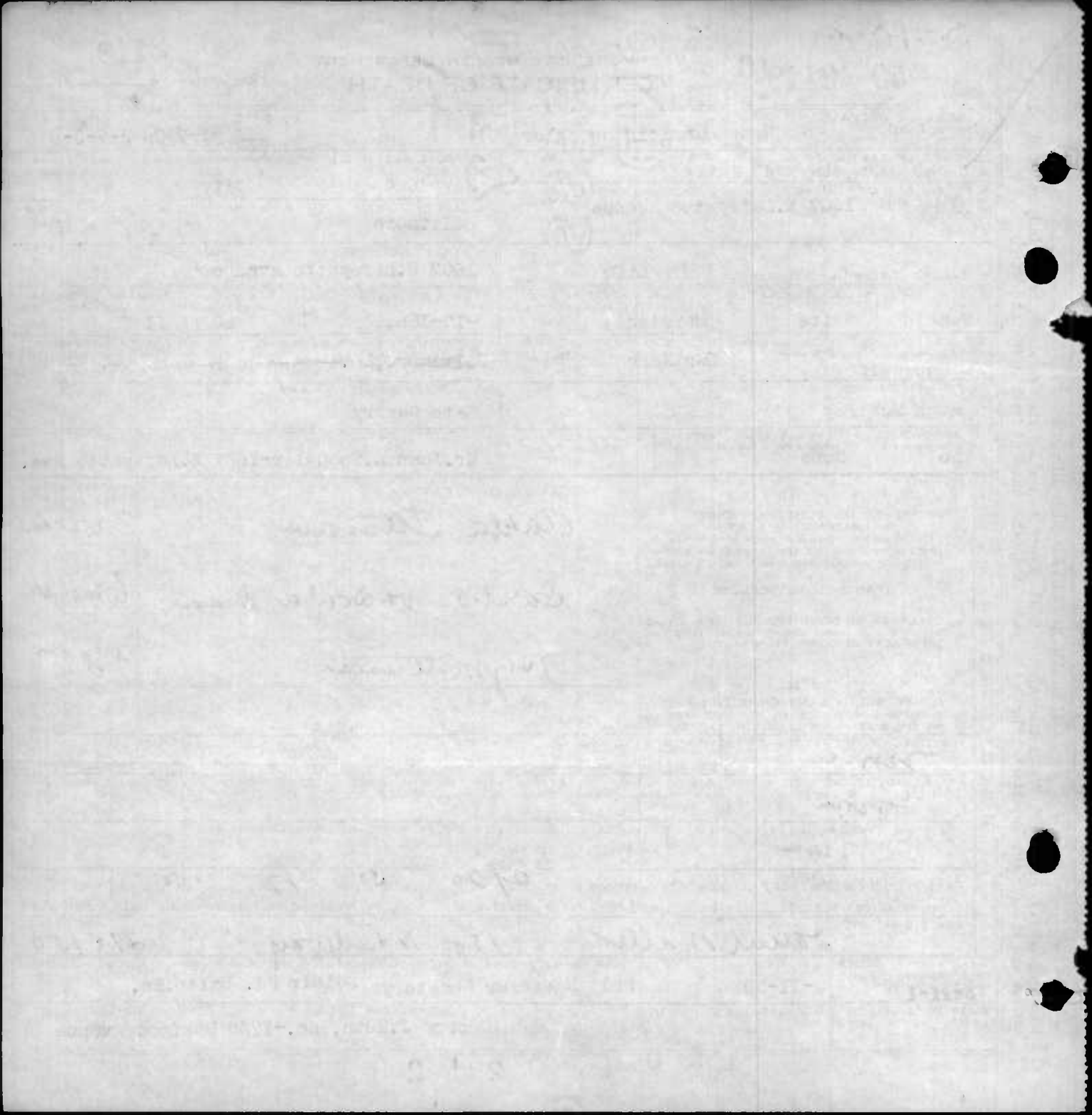
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue



T-651
50 2120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2120
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VINCENT TRIONFO (TRIMOTO) (dm)			2. DATE OF DEATH March 7, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hos ital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1127 Wilcox Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 17, 1943	9. AGE (In years last birthday) 6	10. Under 1 Year Months Days 6 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sabatino Trionfo			14. MOTHER'S MAIDEN NAME Mary Colaianni		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Sabatino Trionfo		
			ADDRESS 1127 Wilcox Street		

18. E 812.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Valley & Chase Streets 10/1

21D. TIME (Month) (Day) (Year) (Hour)
March 6, 1950 4:30 P

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Pedestrian struck by auto (taxi cab)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED
3-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
March 10, 1950

24C. NAME OF CEMETERY OR CREMATORY
Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)
4430 Belair Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

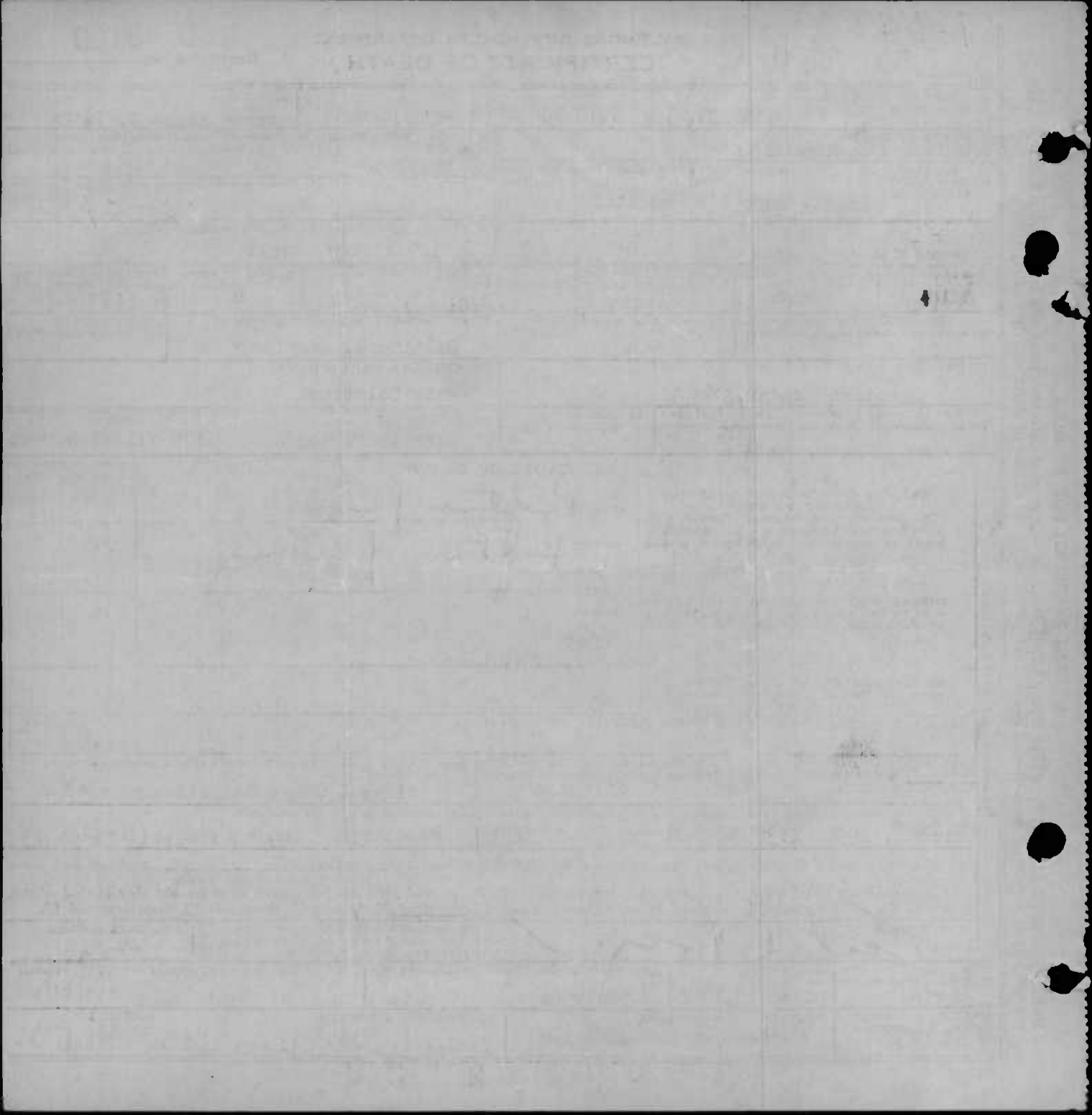
VS 151

N-864.0 1 9 5 0 0 0 2 1 2 3

170c

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2121

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James W. Boyer

2. DATE
OF
DEATH

3/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1213 Washington Blvd

C. CITY OR TOWN (If outside corporate limits, write "R.R.", and give
township)

Baltimore

21-02

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1213 Washington Blvd

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/2/1880

9. AGE (In years,
last birthday)

69

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Screen Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Solomon Screen

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John H. Boyer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs Millicent M. Boyer, 213 Wash Blvd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Carcin

4 years

DUE TO

Vascular Disease with
auricular fibrillation and
mitral insufficiency.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1946, to 3-8, 1950, that I last saw the
deceased alive on 3-8, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unluh, Jr.

M. D.

23B. ADDRESS

4227 Wash. Blvd

23C. DATE SIGNED

3-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

92 B St.

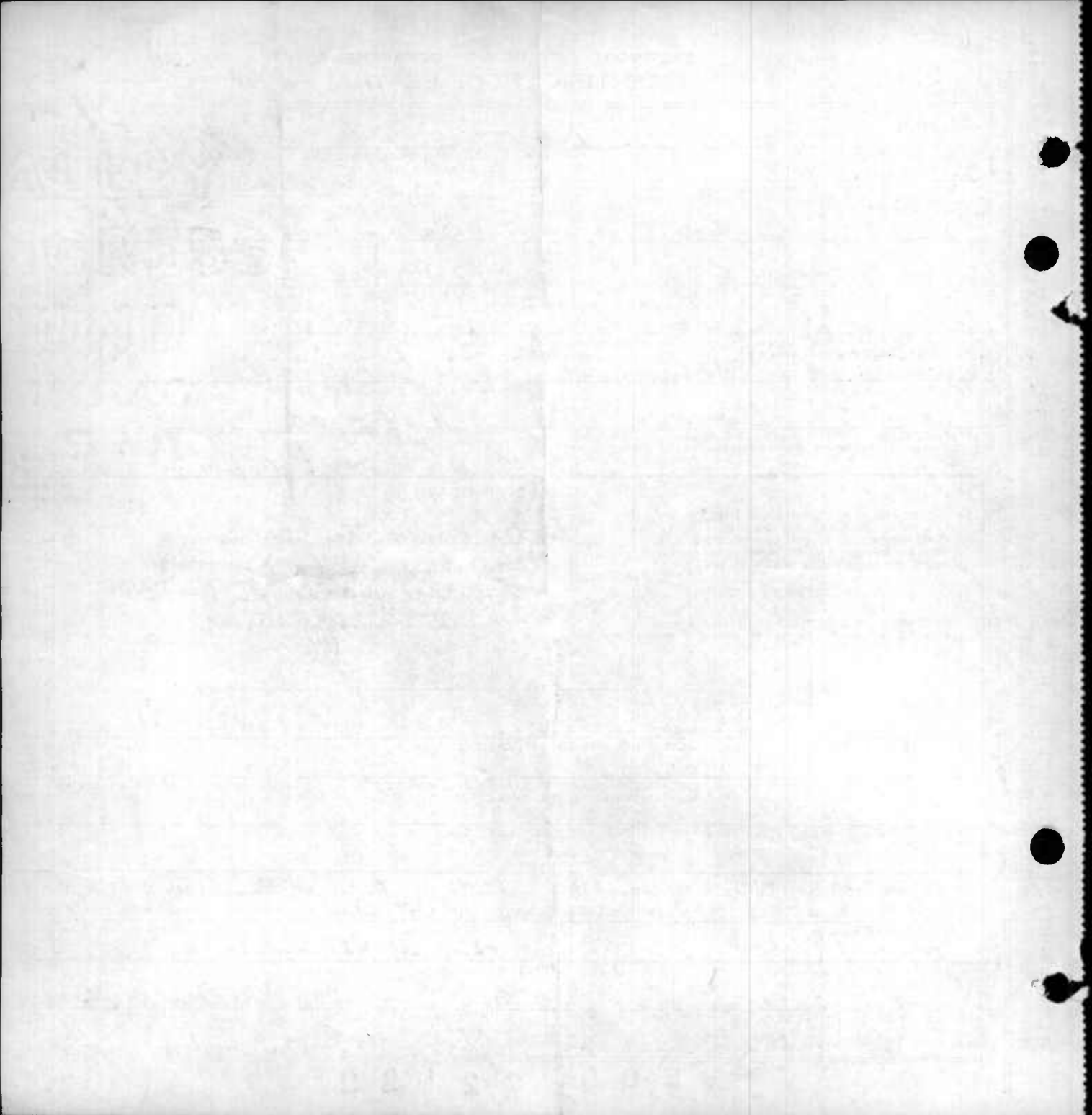
VS 150

95 48610 2 1 2 2

92 B St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2122
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelmina Dietz

2. DATE
OF
DEATH

March 7th, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

406 4306 Glenmore Avenue

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

4306 Glenmore Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 6th, 1864

9. AGE (in years;
last birthday)

86

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Speilman

14. MOTHER'S MAIDEN NAME

Louise - - - - -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Louis Roth, 4306 Glenmore Ave.

18. 4/22.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Dilatation

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Ch Myocarditis

(C)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1950, to 3/7, 1950, that I last saw the
deceased alive on 3/4, 1950, and that death occurred at 5a m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

M. D.

23B. ADDRESS

3505 Belair Rd

23C. DATE SIGNED

3/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Mar. 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Lutheran

24D. LOCATION (City, town, or county)

Fullerton, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lancaster Funeral Home

ADDRESS

7401 Belair Rd.

MAR 9 - 1950

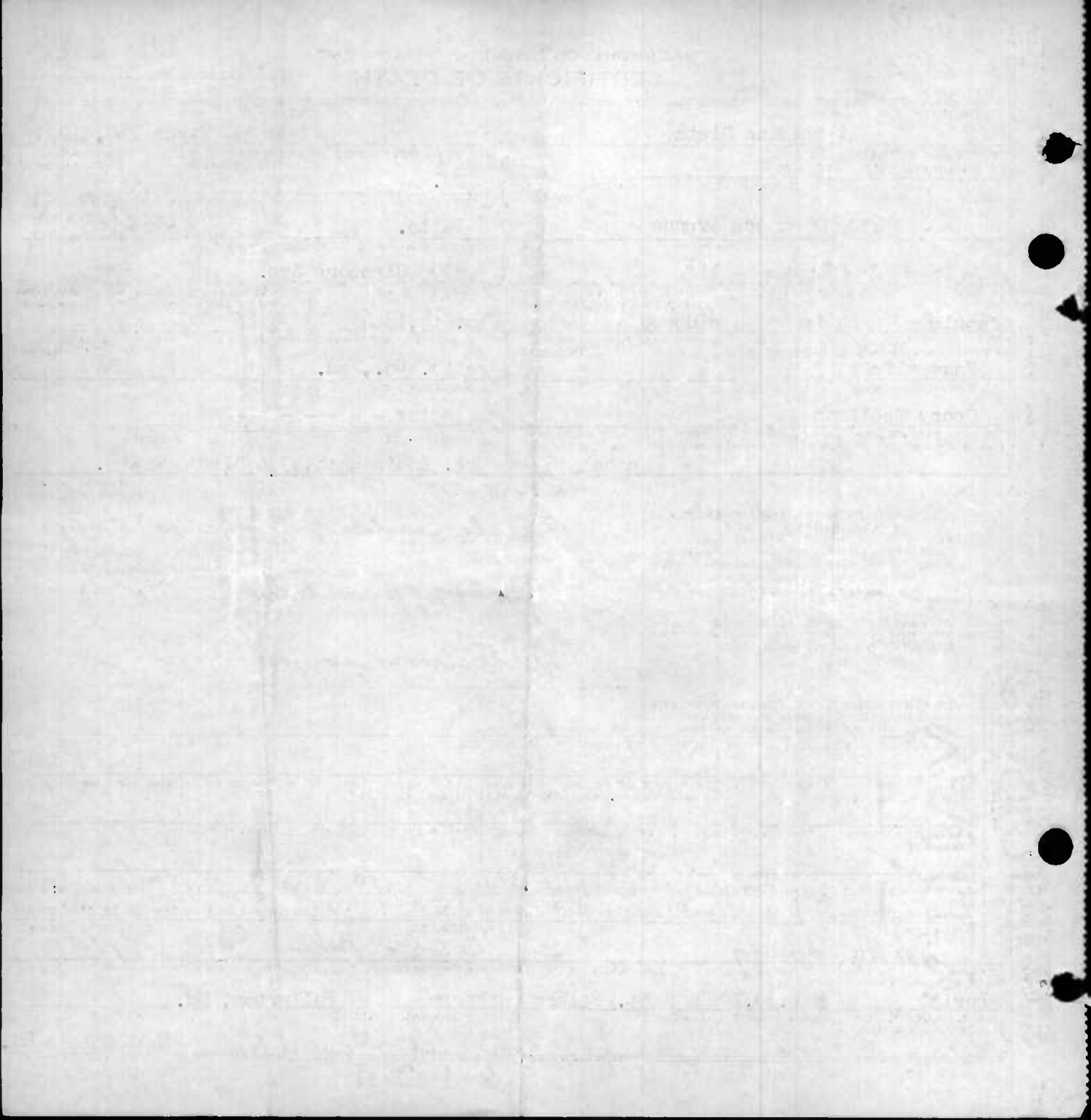
VS 150

100-500002124

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2123

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATTIE Fossett

2. DATE
OF
DEATH

3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2004 MADISON AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BAITIMORE 17. 14-03

00
c. Length of stay in Baltimore

30 YRS.

D. STREET ADDRESS (If rural, give location)

2004 MADISON AVE.

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9-27-1890

9. AGE (in years last birthday)

59

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COOK

10B. KIND OF BUSINESS OR INDUSTRY

PRIVATE

11. BIRTHPLACE (State or foreign country)

HOWARD Co., MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ABE SHEPPARD

14. MOTHER'S MAIDEN NAME

JENNIE DORSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

CLARENCE Fossett 2004 MAD. AVE.

18. 442 X 171 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular

(C)

Renal disease.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of cervix

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1950, to Mar 7, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Harland Chisell, M.D.

23B. ADDRESS

202 W. Franklin

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-11-50

24C. NAME OF CEMETERY OR CREMATORY

JOHNSONVILLE

24D. LOCATION (City, town, or county)

CARROLL Co., MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. JACKSON, 916 PENNA. AVE.

ADDRESS

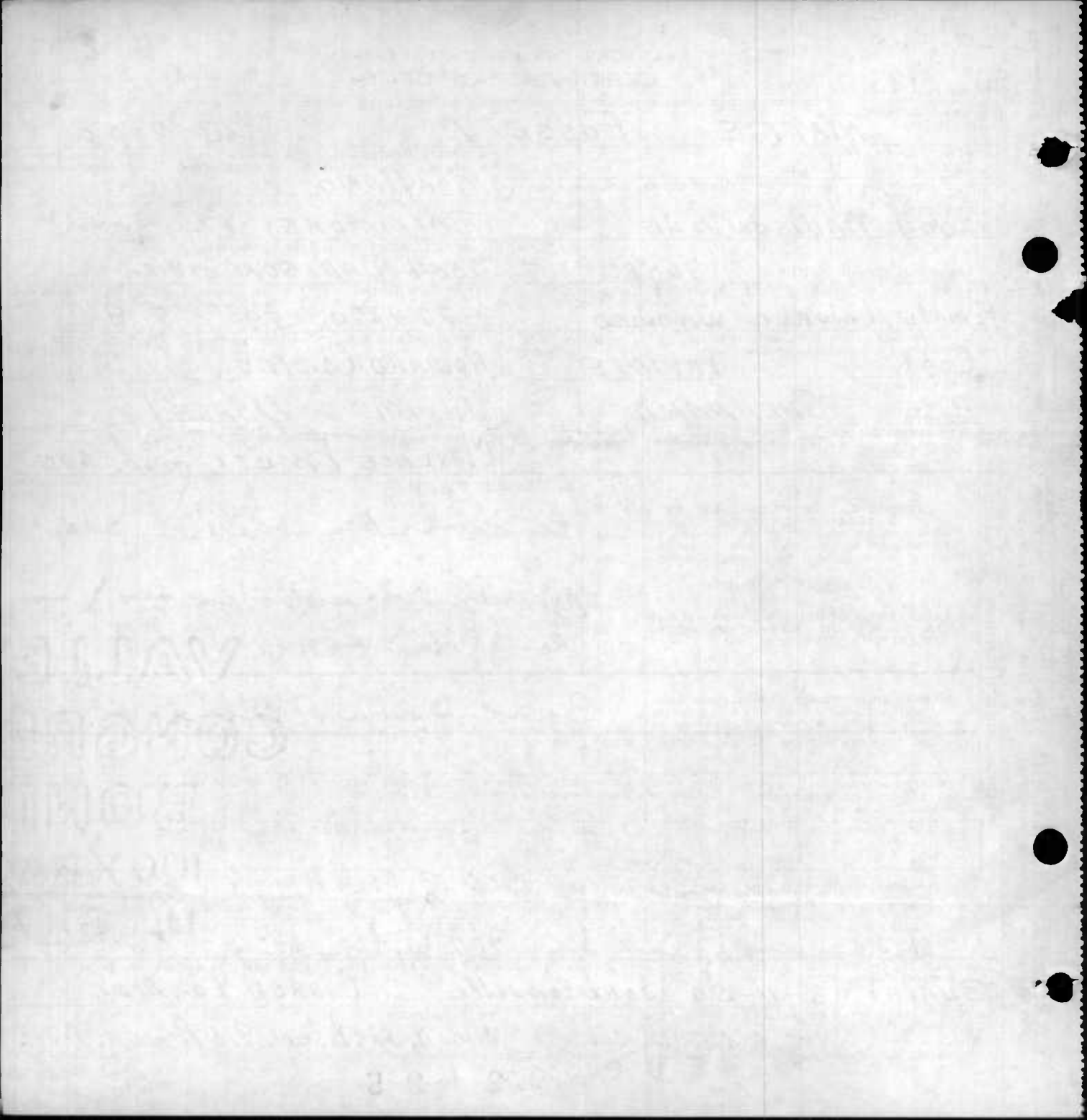
VS 150

1-050 5282125

48a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2124BIRTH NO. 50 2124

1. NAME OF DECEASED

Herschel EARL WALSTON2. DATE
OF
DEATH8 MARCH 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE md. B. COUNTY before admissionB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR FRANKLIN SQUARE HOSP. location)
INSTITUTION 36C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Balto. township) 8-05

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1906 E. Lafayette Ave.

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

July 2 - 18959. AGE (In years
last birthday)54If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Janitor10b. KIND OF BUSINESS OR
INDUSTRYAmer. Wholesale Co.

11. BIRTHPLACE (State or foreign country)

Fairmount, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Walston

14. MOTHER'S MAIDEN NAME

Mary E. Gordon15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)Yes

(If yes, give war or dates of service)

W. W. I16. SOCIAL
SECURITY NO.216-09-2767

17. INFORMANT

Mrs. Mary Insley - 1906 E. Lafayette Ave

ADDRESS

18. 4300DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Septacemia due to
DUE TO Staphylococcus aureus
(B) acute bacterial endocarditis
DUE TOINTERVAL BETWEEN
ONSET AND DEATH2 mo.2
mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 January, 1950, to 8 March, 1950, that I last saw the
deceased alive on 8 March, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Samuel W. Ormand

23b. ADDRESS

M. D. Franklin Sq. Hosp.

23c. DATE SIGNED

8 March 195024a. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24b. DATE

3/11/50

24c. NAME OF CEMETERY OR CREMATORY

Baltimore

24d. LOCATION (City, town, or county)

Balto. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. J. Fanning & Son - 1938 E. Lafayette Ave

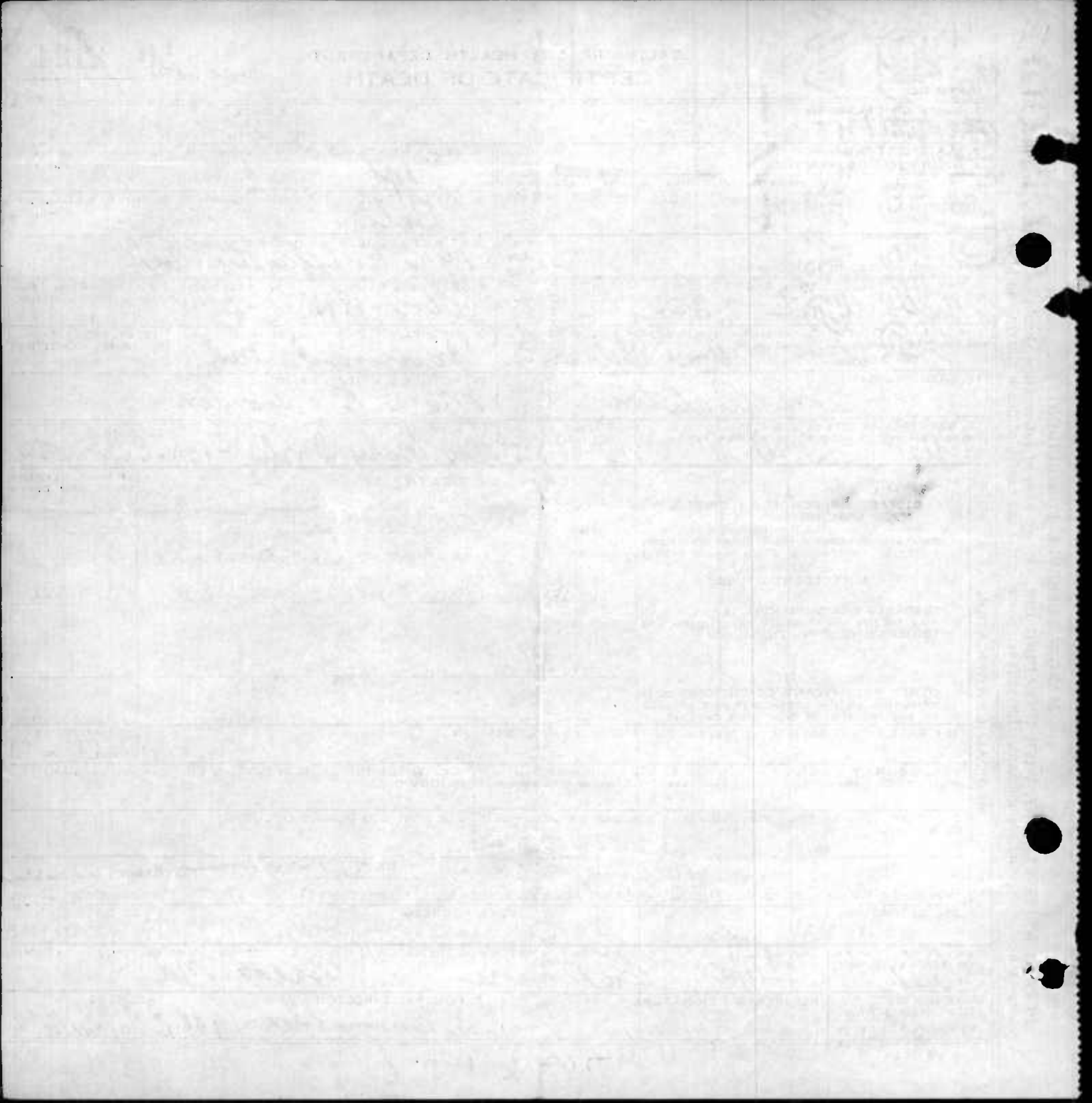
ADDRESS

MAR 9 - 1950

VS 150

740211 20

912



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2125

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CURTIS BRUMMEL GATES

2. DATE
OF DEATH March 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 320 N. Monroe St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY TalbotC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Bellevue

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 8, 1908

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days

4

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waterman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafood Industry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Gates

14. MOTHER'S MAIDEN NAME

Cornelia Brummel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
218-16-659917. INFORMANT ADDRESS
Mary Gates, Bellevue, Maryland

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

Sub-acute bacterial endocariditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. P. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 9, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

St. Luke's Church Cemetery Bellevue, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

JOHN D. WILLIAMS

ADDRESS

EASTON, Md

PROTESTANT CHURCH

WEDNESDAY, 10th FEBRUARY 1900

THE CHURCH OF THE HOLY TRINITY

ST. MARK'S CHURCH, LONDON

THE CHURCH OF THE HOLY TRINITY

ST. MARK'S CHURCH, LONDON

THE CHURCH OF THE HOLY TRINITY

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THE CHURCH OF THE HOLY TRINITY

ST. MARK'S CHURCH, LONDON

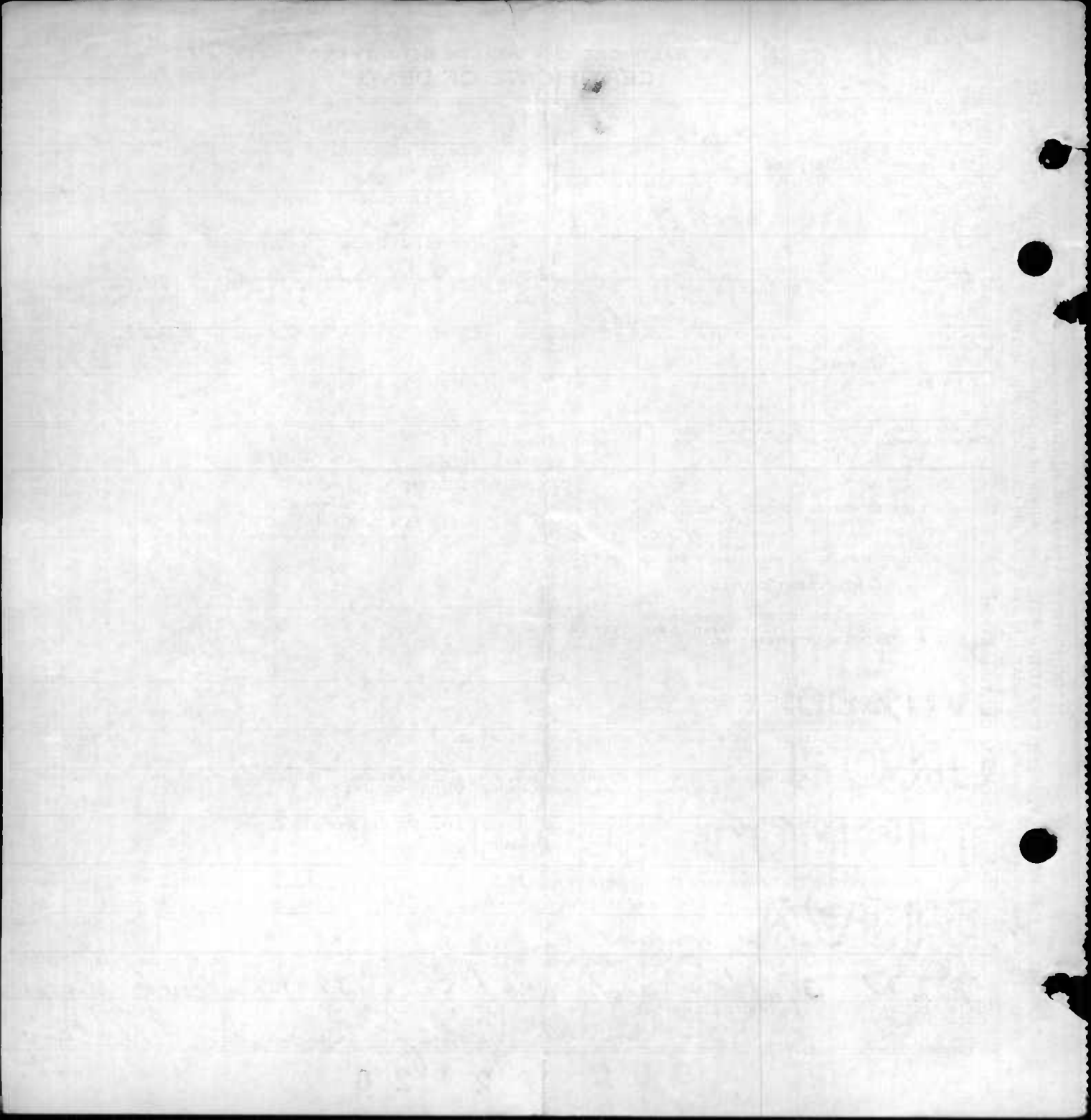
THE CHURCH OF THE HOLY TRINITY

ST. MARK'S CHURCH, LONDON

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <i>50-05155</i>		50 2126		BALTIMORE CITY HEALTH DEPARTMENT		50 2126		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Joseph MILLER</i>				2. DATE OF DEATH <i>3-9-50</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>34 Bon Secours Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>HALETHORPE 27</i>					
c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>1934 Bell Ave</i>					
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>3/9/50</i>		9. AGE (In years last birthday) / If Under 1 Year Months Days / If Under 24 Hours Hours Min. <i>15</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Theodore Anthony Miller</i>				14. MOTHER'S MAIDEN NAME <i>Dorothy Adele Christian</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>				16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>Mrs. T. Miller - 1934 Bell Ave</i>			
18. <i>776X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH <i>PRE-MATURITY</i> (A) (B) (C)				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>3/9</i> , 1950, to <i>3/9</i> , 1950, that I last saw the deceased alive on <i>3/9</i> , 1950, and that death occurred at <i>12:25 p.m.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>William S. Doman</i> M. D.				23B. ADDRESS <i>BON SECOURS HOSP</i>				23C. DATE SIGNED <i>3/9/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/10/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lordon Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9 - 1950</i>		REGISTRAR'S SIGNATURE <i>William S. Doman</i>				25. FUNERAL DIRECTOR ADDRESS <i>John J. Cowan & Son 9 Shollins St.</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2127
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM R. SWAN

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4200 Fernhill Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 16, 1879

9. AGE (In years
last birthday)

70

10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

salesman rtd

10B. KIND OF BUSINESS OR
INDUSTRY

wholesale rugs

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Swan

14. MOTHER'S MAIDEN NAME

- Waddell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.
213-03-7058

17. INFORMANT

ADDRESS

Mrs. Carolyn Swan 4200 Fernhill Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Hypertensive Cardis. Vascular disease - Chronic myo-carditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOAcute Heart Failure
Anginal.

48 hrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1948, to Mar 7, 1950, that I last saw the
deceased alive on 3-7, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lester E. Little

M. O.

23B. ADDRESS

10 W. Madison St

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/10/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 - 1950

REGISTRAR'S SIGNATURE

Lester E. Little

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

105027802129

93D

WATER & LAND

Hydrographic Survey
of the
Great Lakes
Region

WATER & LAND

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2128

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DORIS NAOMI FINLEY

2. DATE
OF
DEATH

Mar. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-04 M

D. STREET ADDRESS (If rural, give location)

1127 Hewitt Way

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1127 Hewitt Way

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 20, 1937

9. AGE (In years, last birthday)

13

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Frank Finley

14. MOTHER'S MAIDEN NAME

Velma Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Frank Finley 1127 Hewitt Way

18. 491 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

broncho-pneumonia

3 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Epilepsy

8 gm.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1948, to March 8, 1950, that I last saw the deceased alive on 3-7, 1950, and that death occurred at 6:00A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert Moore

3105 Belair Rd

3-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cem.

24D. LOCATION (City, town, or county) (State)

Sleepy Creek, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9-1950

Washington Williams

WM. J. TICKNER & SONS

Balto., Md.

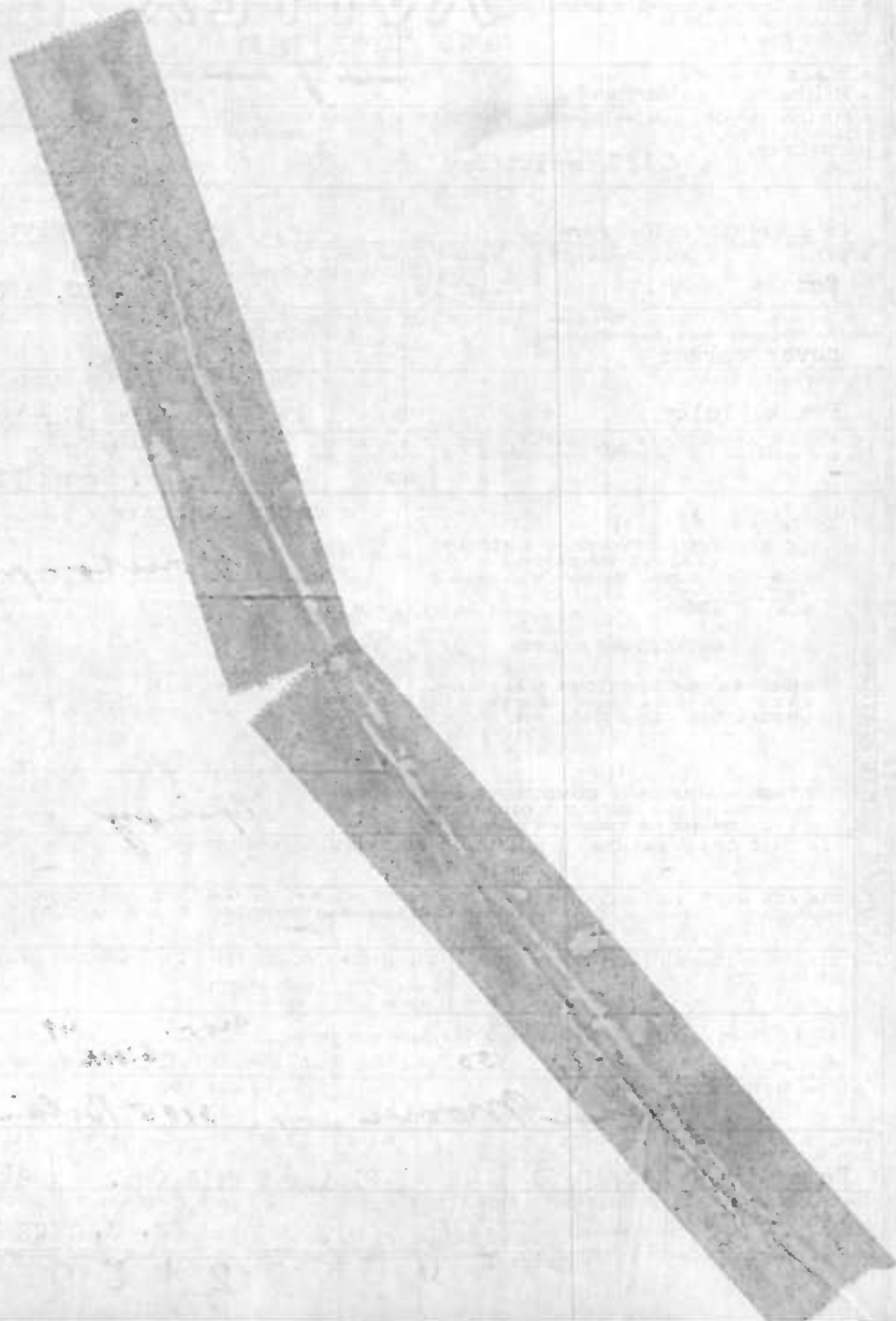
VS 150

107 500002130

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2129

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Maybee, Elsie A.2. DATE
OF
DEATH3-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore11-04

D. STREET ADDRESS (If rural, give location)

1122 W. Ertow St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

Feb. 12, 19049. AGE (In years,
last birthday)46If Under 1 Year
Months: Days0If Under 24 Hours
Hours: Min.16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Heil

14. MOTHER'S MAIDEN NAME

Elizabeth Dorsett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-12-1323

17. INFORMANT

Edward Maybee

ADDRESS

same18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Partial Cirrhosis, Hepatic Insufficiency

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1950, to Mar. 7, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 6 p.m., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

M. D.

Franklin Square Hosp.March 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1950Franklin Square Hosp.Wm. J. Fickner & Sons Balto. Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF NEXT OF KIN

SIGNATURE OF PHYSICIAN

SIGNATURE OF MINISTER

SIGNATURE OF CLERGYMAN

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CLERK

SIGNATURE OF NOTARY

SIGNATURE OF WITNESS

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF STATE

SIGNATURE OF COUNTY

SIGNATURE OF CITY

SIGNATURE OF TOWN

SIGNATURE OF VILLAGE

SIGNATURE OF POST OFFICE

SIGNATURE OF SCHOOL

SIGNATURE OF CHURCH

SIGNATURE OF SYNAGOGUE

SIGNATURE OF MOSQUE

SIGNATURE OF TEMPLE

SIGNATURE OF MONASTERY

SIGNATURE OF CONVENT

SIGNATURE OF PRIORY

SIGNATURE OF ABBEY

SIGNATURE OF BISHOP

SIGNATURE OF ARCHBISHOP

SIGNATURE OF PRIMATE

SIGNATURE OF POPE

SIGNATURE OF KING

SIGNATURE OF QUEEN

SIGNATURE OF EMPEROR

G-125
50 2130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

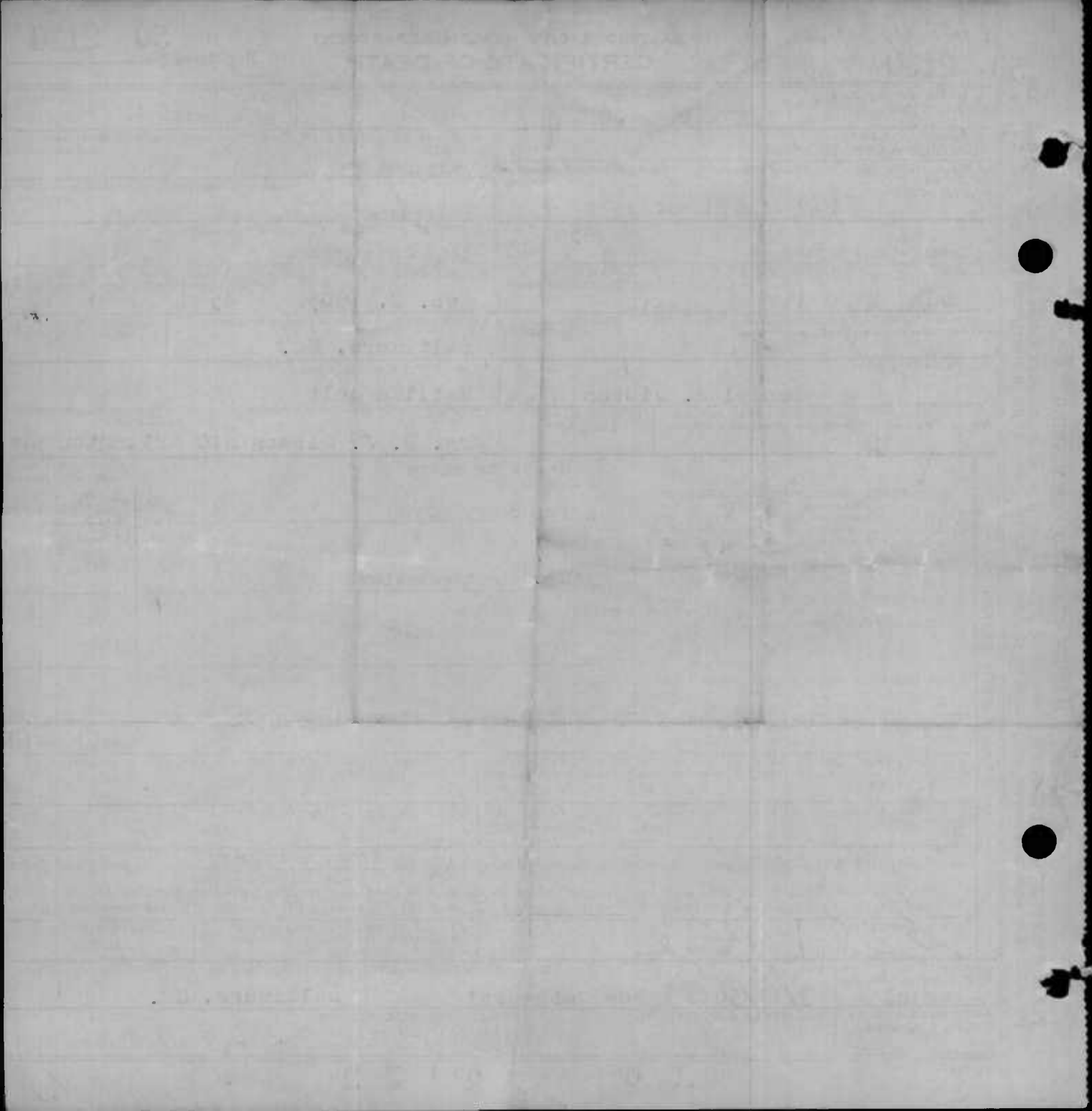
50 2130
Registered No.

1. NAME OF DECEASED (Type or Print)		WILFRED JOHN GIBSON		2. DATE OF DEATH March 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1604 John Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01		
C. Length of stay in Baltimore 45 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1604 John Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 2, 1905	9. AGE (In years last birthday) 45	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER WORKED		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Daniel J. Gibson			14. MOTHER'S MAIDEN NAME Matilda Belt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. D. J. Gibson 610 Arlington Av	
18. 322 / I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO ANTECEDENT CAUSES Chronic alcoholism DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held on Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 3-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR ADDRESS [Signature]		24H. 2132			

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-1950
VS-151

777



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2131

Registered No.

BIRTH NO.

1. NAME OF DECEASED
Type or Print

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

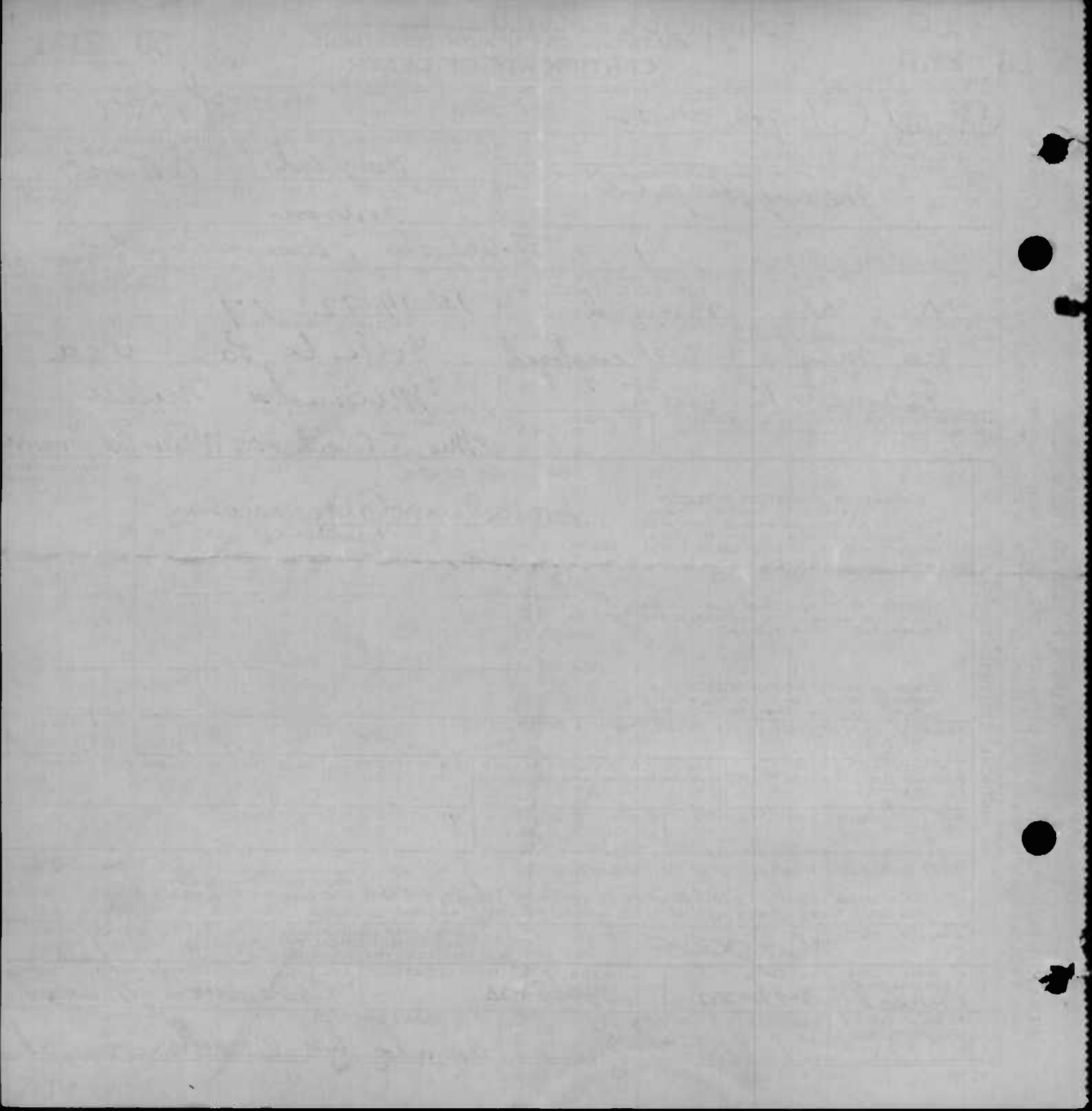
25. FUNERAL DIRECTOR

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

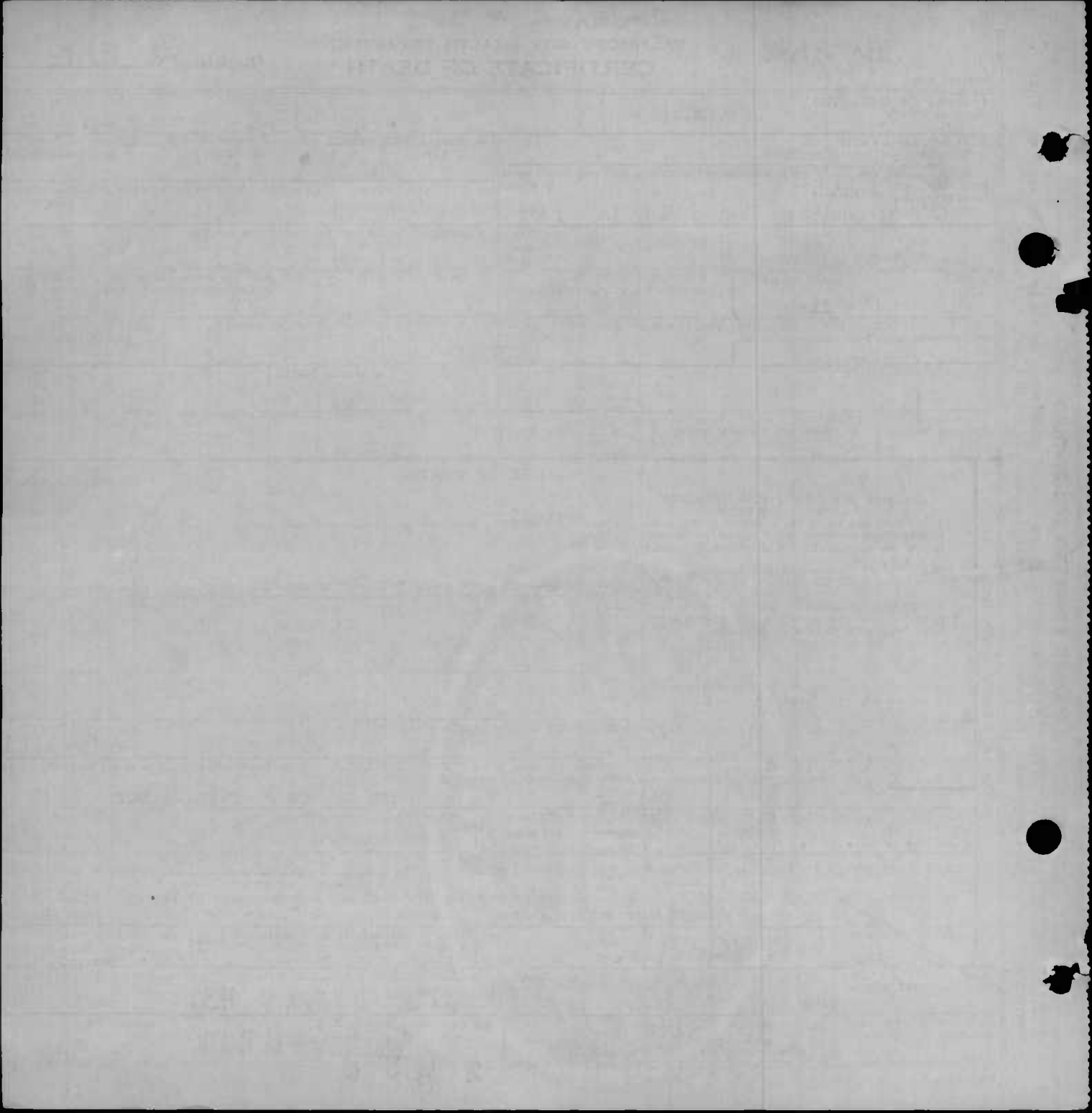


Grave # 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2132

BIRTH NO. <u>50 2132</u>		1. NAME OF DECEASED (Type or Print) UNIDENTIFIED UNKNOWN		2. DATE OF DEATH January 24, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE UNKNOWN		
B. FULL NAME OF Found: HOSPITAL OR INSTITUTION Off of Southern States Pier in harbor			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNKNOWN		
c. Length of stay in Baltimore Locust Point Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 24-1		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 30?	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT ADDRESS	
<p>18. E977.8 I</p> <p style="text-align: center;">CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO</p> <p>ANTECEDENT CAUSES (B) _____ DUE TO</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____</p>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Southern States Pier in Harbor	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY. Found: Jan. 24, 1950 8 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned	
<p>22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input checked="" type="checkbox"/>.</p>					
23A. SIGNATURE <i>Carl L. Royer</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED Jan. 24, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR Commissioner of Health	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

UNIDENTIFIED

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

UNKNOWN

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Fairfield

Pier No. 4

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

UNKNOWN

D. STREET ADDRESS (If rural, give location)

UNKNOWN

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)55
UnknownIf Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Unknown

ADDRESS

18.

E9298

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Drowning
(Found drowned)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Harbor21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Found at Maryland Dry Dock's Pier No. 4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
FOUND Feb. 7, 1950 10.42 A.21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 7, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

PUBLIC CEMETERY MAR 9 1950

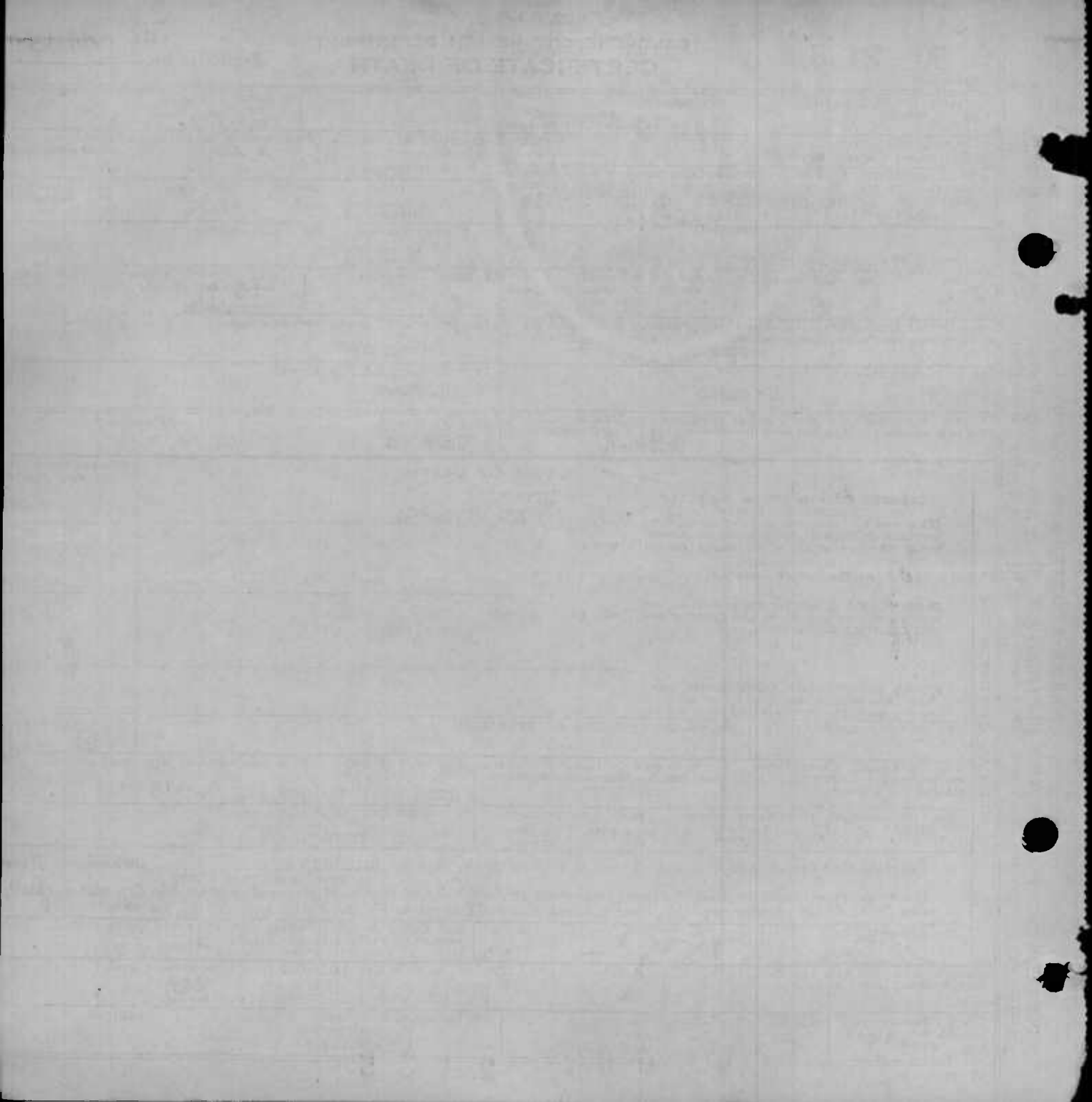
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



1. The first of these is the
fact that the United States
has a long and distinguished
history of supporting
democracy and human rights
around the world.

2. The second of these is the
fact that the United States
has a long and distinguished
history of supporting
democracy and human rights
around the world.

3. The third of these is the
fact that the United States
has a long and distinguished
history of supporting
democracy and human rights
around the world.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2135

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELVA L. BLAKENEY

2. DATE
OF
DEATH

Mar. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION 1903 Boone St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1903 Boone St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 22, 1891

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Wegley

14. MOTHER'S MAIDEN NAME

Ethel Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Hoffman, 1903 Boone St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

CAUSE OF DEATH

Terminal Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____

Parkinsonism

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3 1948 to 3/9 1950, that I last saw the
deceased alive on 2/22 1950, and that death occurred at 2 30 m., from the causes and on the date stated above.

23A. SIGNATURE

Lester J. Gunn

M. D.

23B. ADDRESS

1761 E. North Ave

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Oakland

24D. LOCATION (City, town, or county)

Indiana, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1950

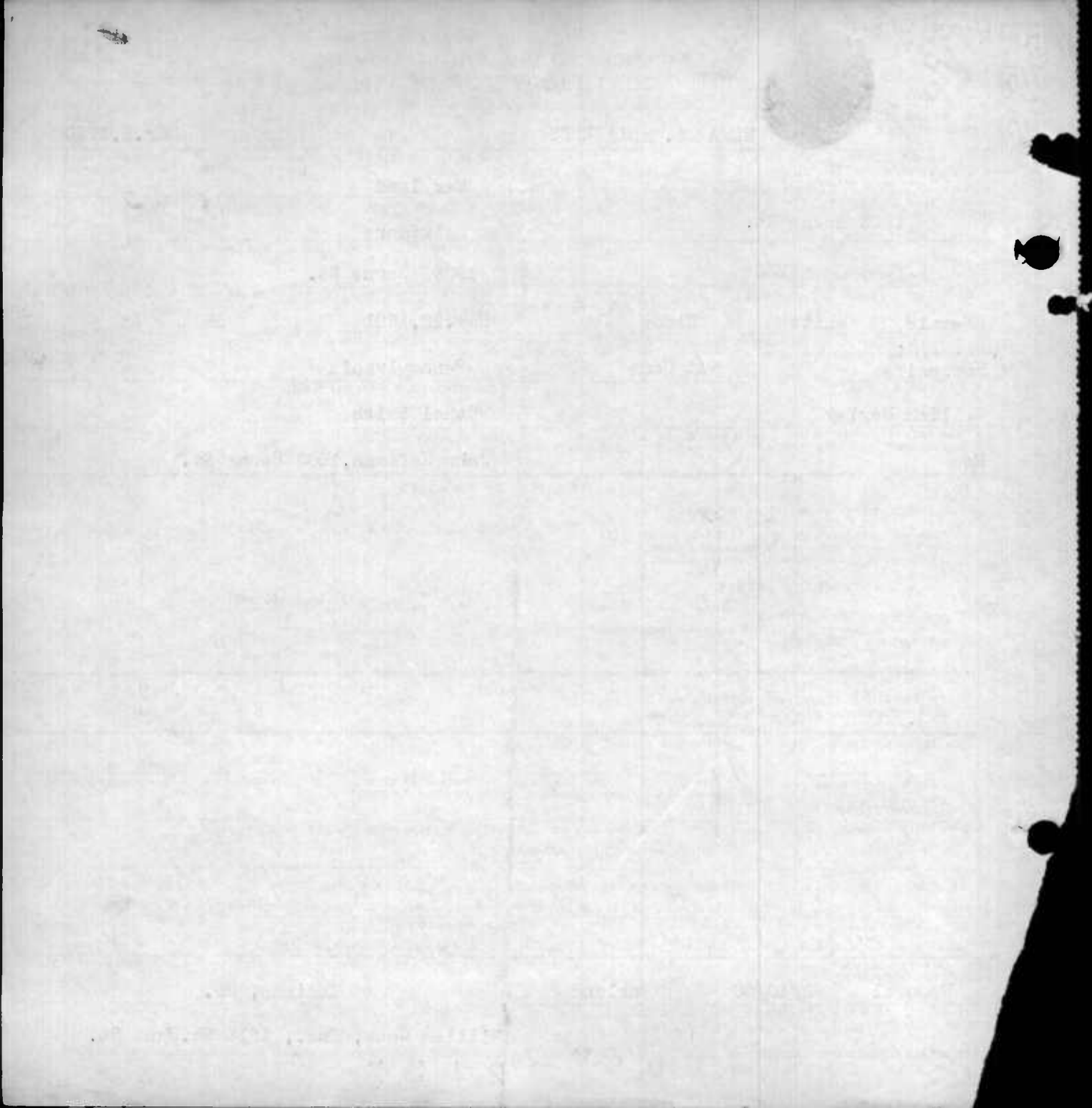
REGISTRAR'S SIGNATURE

Lester J. Gunn

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 50 2136

BIRTH NO. 50 2136

1. NAME OF DECEASED (Type or Print) HENRY L. GRAF		2. DATE OF DEATH March 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3810 8th Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 8/22/1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		9. AGE (In years last birthday) (38) 36	
10B. KIND OF BUSINESS OR INDUSTRY Asphalt Co		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Henry Graf		14. MOTHER'S MAIDEN NAME Katie Himmel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.#1		17. INFORMANT Ira Ruorack	
16. SOCIAL SECURITY NO.		17. ADDRESS 3633 230 East Brooklyn	

18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to hanging DUE TO		INTERVAL BETWEEN ONSET AND DEATH (mp)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3810 8th Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 8, 1950 ?p. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? cellar Hanged self by rope from rafter in		

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE **PPS Fisher** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 9, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/13/50	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	24D. LOCATION (City, town, or county) (State) C. & C. Co. Md.
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950	REGISTRAR'S SIGNATURE W. H. Williams	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	ADDRESS
--	--	--	---------

VS 151 N-991X 1500 356R 130 164a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

WILLIAMSON COUNTY, TENNESSEE

U.S. DEPT. OF HEALTH

Blank certificate form with horizontal lines and a vertical center line. The right edge features three punch holes and a serrated border.

U-524 50 2137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2137

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM UNKELBACK		2. DATE OF DEATH March 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 105 N. Milton Ave			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2/9/1901	9. AGE (In years last birthday) (52) 49	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md	
13. FATHER'S NAME John T. Unkelbach		14. MOTHER'S MAIDEN NAME Mary J. Meekhan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W.W. #1		17. INFORMANT John T. Unkelbach 26 N. Leonard Ave	
18. 377.0		CAUSE OF DEATH Acute Alcoholism			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Paul H. Ryan		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 8, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Wm. G. Inc. 1217 St. Paul St.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR Wm. G. Inc. 1217 St. Paul St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B15620

H-555
50 2138BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2138

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna K Hanneman

2. DATE
OF
DEATH

Mar 9 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

2934 Wyman Pkwy

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore 12-06

township)

D. STREET ADDRESS (If rural, give location)

2934 Wyman Pkwy

c. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 6 1882

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Balt., Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Hanneman

14. MOTHER'S MAIDEN NAME

Theresa Luecking

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-05-9283

17. INFORMANT

Emily D Hanneman (Same)

ADDRESS

18. 592 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Chronic Myocarditis
(with aneurysmal dilatation)

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.Generalized Arteriosclerosis
Ch. Interstitial NephritisYears?
Years?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946, to March 9, 1950, that I last saw the
deceased alive on March 8, 1950, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Trusky M.D.

23B. ADDRESS

10 E. Biddle St

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Mar 13 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1950

REGISTRAR'S SIGNATURE

Trustington Williams, M.D.

25. FUNERAL DIRECTOR

Henry H. Jenkins, 4905 York Rd.

ADDRESS

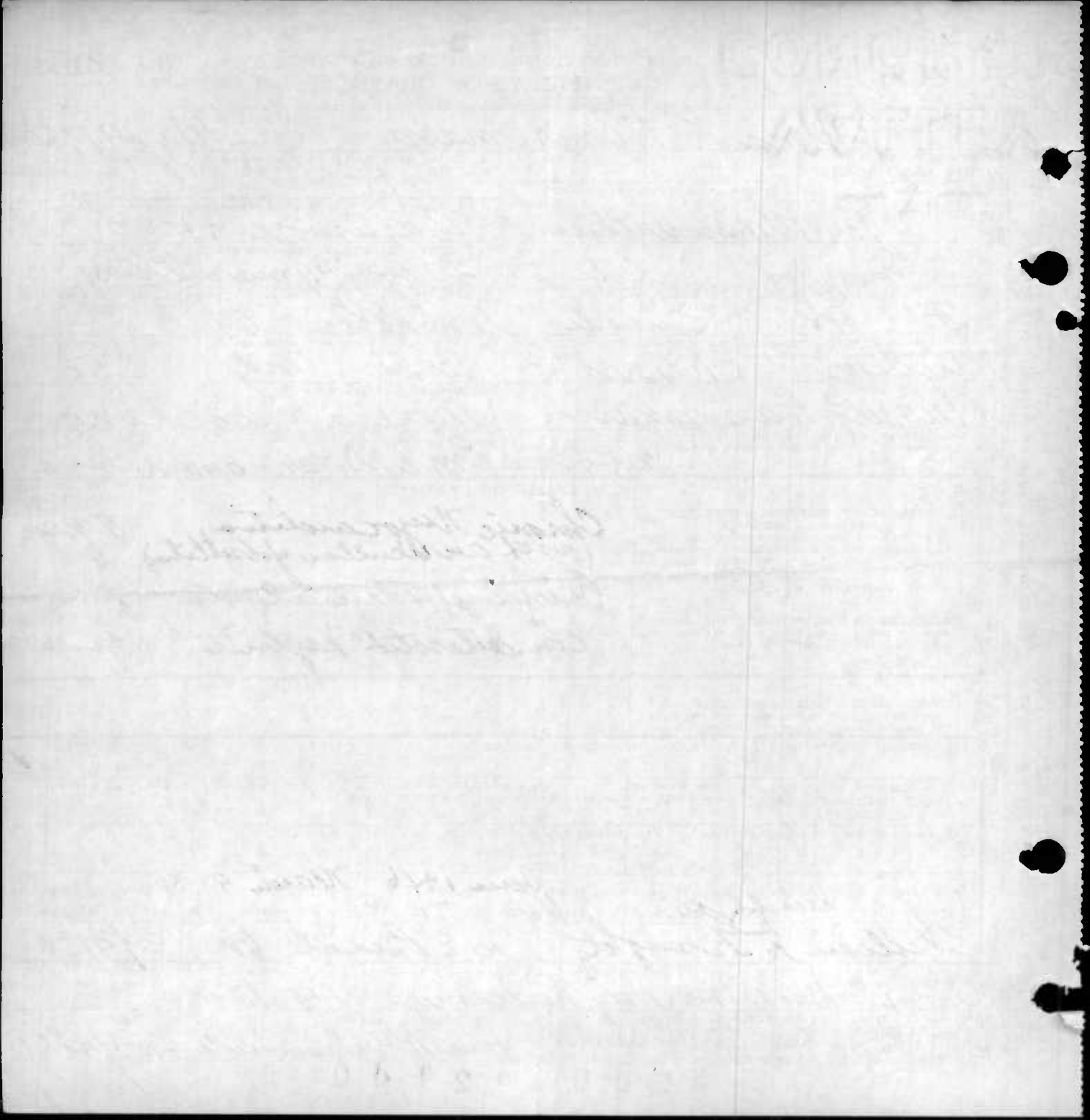
VS 150

1950290932140

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N-420

50 2139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2139

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. OLIE E. NILES.

2. DATE
OF
DEATH

8 MAR. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3701 WHITE AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MD

BALTO.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

27-04A

D. STREET ADDRESS (If rural, give location)

3701 WHITE AVE

c. Length of stay in Baltimore

2 YRS

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

APRIL 19 1873

9. AGE (In year-
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

CARLISLE N.Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EDWIN HILLSINGER

14. MOTHER'S MAIDEN NAME

SARA E LITTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES & MILFORD NILES

18.

153X

CAUSE OF DEATH

3701 WHITE AVE

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of large intestine -
recurrent

DUE TO

(C) ...

About 1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 1949.

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma, large intestine, intestinal obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1949 to 8 Mar., 1950, that I last saw the deceased alive on 8 Mar., 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr.

23B. ADDRESS

5 West 29th St. (18)

23C. DATE SIGNED

8 Mar. 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

MARCH 8 1950

24C. NAME OF CEMETERY OR CREMATORY

CARLISLE CEM.

24D. LOCATION (City, town, or county)

CARLISLE

(State)

N.Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry W. Jenkins & Sons Co.

MAR 10 1950

VS 150

10-500000 21144906 York Rd (2)

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2

April 19 1873

March 8 1950

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2140
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. Patrick Daley

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *6420 Reisterstown Rd.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *New York City, N.Y.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New York City

D. STREET ADDRESS (If rural, give location)

not known

c. Length of stay in Baltimore

16 years

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

11-12-1859

9. AGE (In years last birthday)

90

10 Under 1 Year Months: Days

46 27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Daley

14. MOTHER'S MAIDEN NAME

Mary O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Seton Institute - Balto.

ADDRESS

18.

420 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

24 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Coronary sclerosis

10 years

General arteriosclerosis

14 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Psychosis with cerebral arteriosclerosis

14 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *Sept. 1936* to *March 9, 1950*, that I last saw the deceased alive on *March 9, 1950*, and that death occurred at *1057* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter O. Jahrig's

23B. ADDRESS

3703 Clark's Lane, Balto - 15th March 9, 1950

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-1950

24C. NAME OF CEMETERY OR CREMATORY

St. Raymonds

24D. LOCATION (City, town, or county)

New York City - N.Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Antington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Newen Co. - 108 W. North Av.

MAR 10 1950

VS 150

109500002142

942 City - 1-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

New York City

11-15-1917

John J. O'Connor

11-15-1917

John J. O'Connor

11-15-1917

John J. O'Connor

11-15-1917

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

John J. O'Connor

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2141

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA M. POLAKOFF

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL HOSP.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write FULLAL and give
township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3410 SPRINGDALE AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12-3-95

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

EUROPE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH SHILKROAD

14. MOTHER'S MAIDEN NAME

ELIZABETH KELLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PATIENT

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) METASTATIC CARCINOMA

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 YR.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA OF RT. BREAST

DUE TO

16 YRS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1950, to 3/9, 1950, that I last saw the
deceased alive on 3/9, 1950 and that death occurred at 11:23 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul G. Herold

M. D.

23B. ADDRESS

Maryland General Hosp

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-10-50

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Reeves, Inc

ADDRESS

2100 Canton Rd

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILDREN

DATE OF BIRTH OF CHILDREN

DATE OF DEATH OF CHILDREN

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

DATE OF EXHUMATION

PLACE OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REINTERMENT

PLACE OF REINTERMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2142

Registered No. _____

BIRTH NO. 50 2142

1. NAME OF DECEASED (Type or Print) <i>Mrs. Adele Scheuer</i>			2. DATE OF DEATH <i>3-9-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Levindale</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-02</i>		
6. Length of stay in Baltimore <i>11</i> Yrs. <i>11</i> Mos. <i>11</i> Days			D. STREET ADDRESS (If rural, give location) <i>2200 Calhoun Ave</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>7-5</i>		11. AGE (In years last birthday) Months Days Hours Min. <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Samuel Ehrlich</i>			14. MOTHER'S MAIDEN NAME <i>Sophie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Jack Fox 2409 Lakeview Ave</i>	
18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Fibrosis</i> DUE TO <i>Chronic Cardiovascul. disease</i> DUE TO <i>chronic nephritis</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-9-1949</i> to <i>3-9-1950</i> , that I last saw the deceased alive on <i>3-9-1950</i> , and that death occurred at <i>12:00 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome J. Blumberg</i>		23B. ADDRESS <i>Levindale Home</i>		23C. DATE SIGNED <i>3-7-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-12-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MART 10 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Jack Lewis 2100 E. 1st St. Pl</i>	

VALLEY

COLLEGE

1906

1907

1908

1909

1910

1911

1912

1913

1914

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620 50 2143		George BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 2143 Registered No. _____	
BIRTH NO. 50-04268					
1. NAME OF DECEASED (Type or Print) Deborah Ann Baby Girl George			2. DATE OF DEATH 2-26-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 46 West Baltimore Sun Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Towson		
c. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 504 Catheby Dr. #13.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 2700 Grand	8. DATE OF BIRTH 2-20-50	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter A George			14. MOTHER'S MAIDEN NAME Emma Cecelia Mohr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 774X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Immaturity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Spontaneous Abortion 2nd DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-20, 1950 to 2-26, 1950, that I last saw the deceased alive on 2-26, 1950, and that death occurred at 2:14 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. E. Carr		23B. ADDRESS M. D. West Baltimore Sun Hosp		23C. DATE SIGNED 2-26-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		24F. REGISTRAR'S SIGNATURE J. E. Carr	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		24H. REGISTRAR'S SIGNATURE J. E. Carr		24I. FUNERAL DIRECTOR Commissioner of Health	
24J. ADDRESS		24K. ADDRESS		24L. ADDRESS	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE
DIRECTOR

WASHINGTON, D. C.
JANUARY 1, 1914

RECEIVED
JAN 1 1914

DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

1914

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-453
50 2144

CERTIFICATE CORRECTED 4-3-50
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2144

Registered No. _____

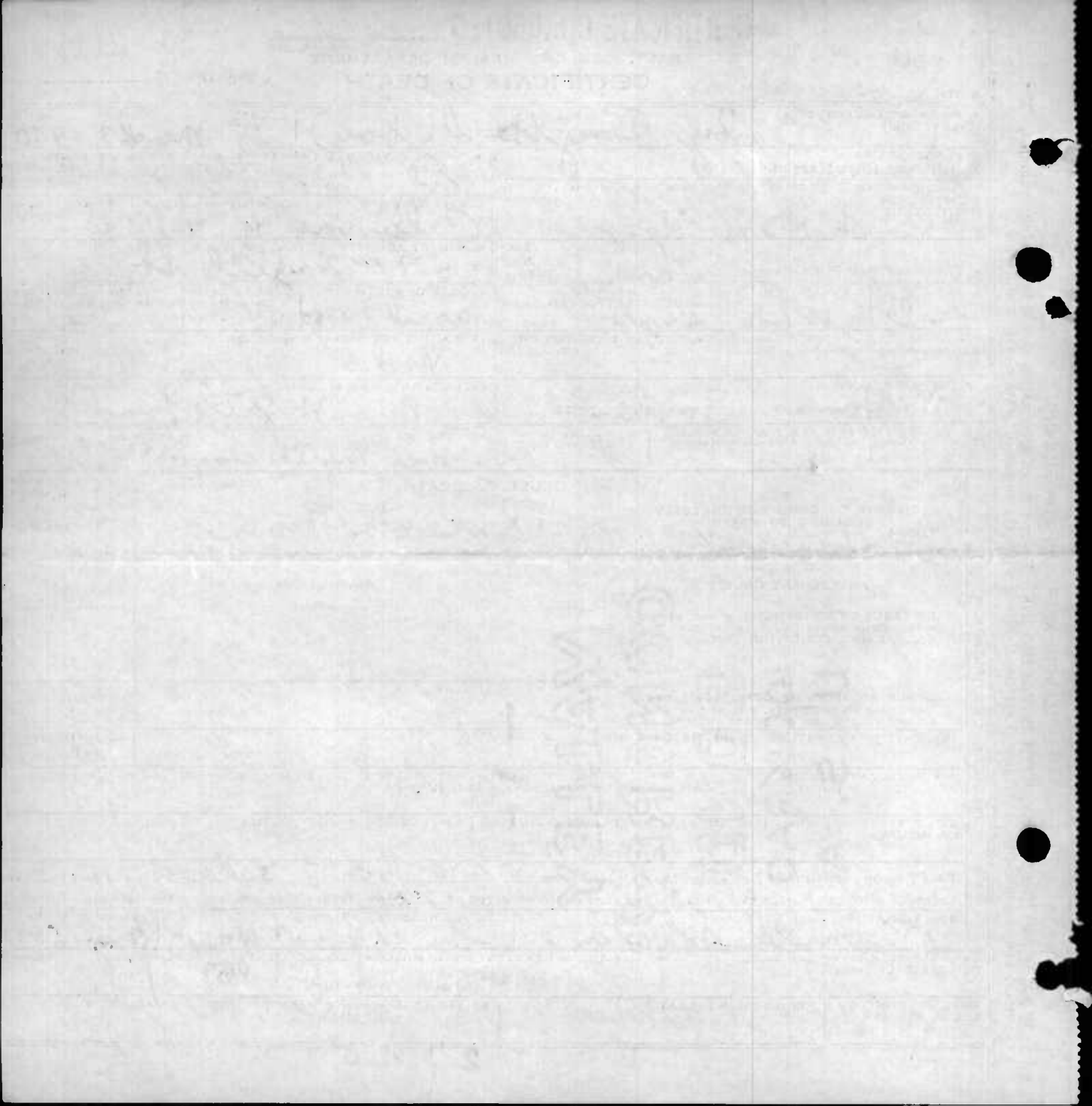
BIRTH NO. <u>50-044421</u>		1. NAME OF DECEASED (Type or Print) <u>Baby Boyland (boy)</u>		2. DATE OF DEATH <u>March 3, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		4-02	
c. Length of stay in Baltimore <u>2 hrs</u>		D. STREET ADDRESS (If rural, give location) <u>657 N. Fayette St.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 3, 1950</u>	9. AGE (in years last birthday) <u>2</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>md.</u>	
13. FATHER'S NAME <u>Mr. James Boyland</u>		14. MOTHER'S MAIDEN NAME <u>Mrs. Myrtle Load</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Myrtle Boyland</u>	
18. <u>761.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Placenta Praevia</u>		CAUSE OF DEATH <u>Bolyard</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5 A.M.</u> , 19 <u>50</u> to <u>7:30 A.M.</u> , 19 <u>50</u> that I last saw the deceased alive on <u>March 3</u> , 19 <u>50</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Donald Weston</u>		23B. ADDRESS <u>Church Home Hosp.</u>		23C. DATE SIGNED <u>March 3 '50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 10 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Commissioner of Health</u>	

VS 150

1550022146

160c

JOHN HOPKINS MEDICAL SCHOOL MAR 8 1950



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

CERTIFICATE OF DEATH

50 2145

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Singer

2. DATE
OF
DEATH

3/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Life

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RAIL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3218 W. Garrison Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 18, 1894

9. AGE (In years,
last birthday)

55 54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Morris Lipshitz

14. MOTHER'S MAIDEN NAME

Rose Lipsitz (Lipshitz)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Singer- 3218n W Garrison Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1950, to 3/9, 1950, that I last saw the
deceased alive on 3/9, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Baber

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-10-50

24C. NAME OF CEMETERY OR CREMATORY

Beth Hamedrosh Hagodol

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

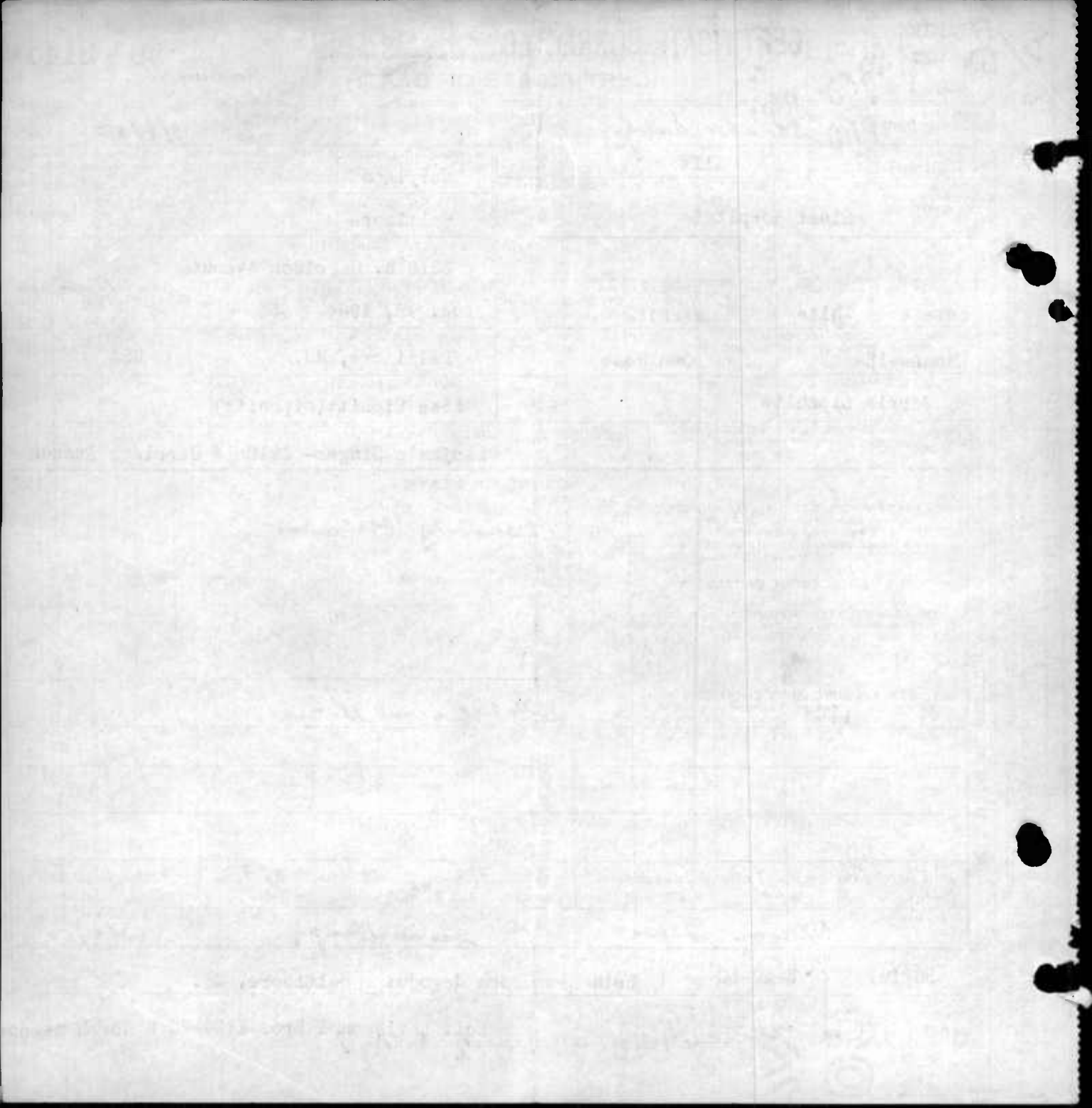
MAR 10 1950

Wilmington, Delaware

Sol. Levinson & Bros-1124-26 W North Avenue

VS 150

61



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank J. Taylor

2. DATE
OF
DEATH

March 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 305 Goodwood Gardens

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

305 Goodwood Gardens

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

8/5/68

9. AGE (In years, last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob H. Taylor

14. MOTHER'S MAIDEN NAME

Katharine Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Taylor, Jr.-Ridgemed Apts.

18. 4/20/1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

(C) Emphysema & Chronic Bronchitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter B. Bush

23B. ADDRESS

18 E. Eager St.

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 10 1950

REGISTRAR'S SIGNATURE

Walter B. Bush

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

STATE OF NEW YORK

300 NORTH 4TH STREET

LOCAL

DEATH

DEATH

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DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Arthur Davis

2. DATE
OF
DEATH

March 4 '50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

23

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Ind.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

1235 E. Madison St

c. Length of stay in Baltimore

25 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4 - 1992

9. AGE (In years)

37

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

B + O. P. Road

11. BIRTHPLACE (State or foreign country)

Goldston N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Lewis Davis

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardio-vascular disease -

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950 to March 4, 1950 that I last saw the deceased alive on March 4, 1950 and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edyth H. Schreiner

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/10/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams

25. FUNERAL DIRECTOR

A. Stalstead - 918 -

ADDRESS

Cedar Hill Ave 937

MAR 10 1950

VS 150

98847

RECEIVED BY THE
CENTRAL BANK OF DEATH

graduated in medicine
from the University of
Chicago

1912

James S. H. H. H.
11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-232 CERTIFICATE CORRECTED 4-20-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2149 Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Reuben Jiggetts</i>		2. DATE OF DEATH <i>Mar. 8, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Vol 2 - Med</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>50</i> ^{Yrs.} ^{Mos.} ^{Days}		D. STREET ADDRESS (If rural, give location) <i>1022 W. 42nd St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>		8. DATE OF BIRTH <i>Nov. 1894</i>	9. AGE (In years last birthday) <i>55 (63)</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Restaurant and Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Lacross Va U.S.</i>	
13. FATHER'S NAME <i>Henry Jiggetts</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) <i>Uremia</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertensive cardiovascular disease</i>			
DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-6-</i> , 19 <i>50</i> to <i>3-8-</i> , 19 <i>50</i> that I last saw the deceased alive on <i>3-8-</i> , 19 <i>50</i> , and that death occurred at <i>3:00</i> P. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>William W. Winternitz</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Mar 9 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		24B. DATE <i>3/11/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>		24E. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr.</i>		24F. ADDRESS <i>1011 N. Belington Ave. 93D</i>	

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
WASHINGTON, D. C.

10-10-41

1. The following information was received from the
1. The following information was received from the
1. The following information was received from the

10-10-41

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2150

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>MRS MINNIE Reilly</u>			2. DATE OF DEATH <u>3-9-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BON SECOURS Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u> <u>26-02</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>WOODLEA AVE</u> <u>4314 WOODLEA AVE</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-26-78</u>	9. AGE (In years last birthday) <u>71</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Dietrich Hedewig</u>			14. MOTHER'S MAIDEN NAME <u>Charlotte Duffey</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs. Gertrude Reilly - Above</u>		

MEDICAL CERTIFICATION	18. <u>443 X</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Respiratory Failure</u> DUE TO		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arteriosclerotic Cardio-vascular Disease</u> DUE TO		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <u>Essential Hypertension</u>		

19A. DATE OF OPERATION <u>3-9-50</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-6-50</u> , to <u>3-9-50</u> , that I last saw the deceased alive on <u>3/9</u> , 19 <u>50</u> , and that death occurred at <u>2:00</u> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <u>D. L. Scholer</u>		23B. ADDRESS <u>Bon Secours Hosp.</u>		23C. DATE SIGNED <u>3/9/50</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Mar 11 1950</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	24D. LOCATION (City, town, or county) (State) <u>Taylor Ave</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 10 1950</u>		REGISTRAR'S SIGNATURE <u>Thurston B. Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Leslie Brock 1703 N Patterson Park Ave</u>

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

50 2151

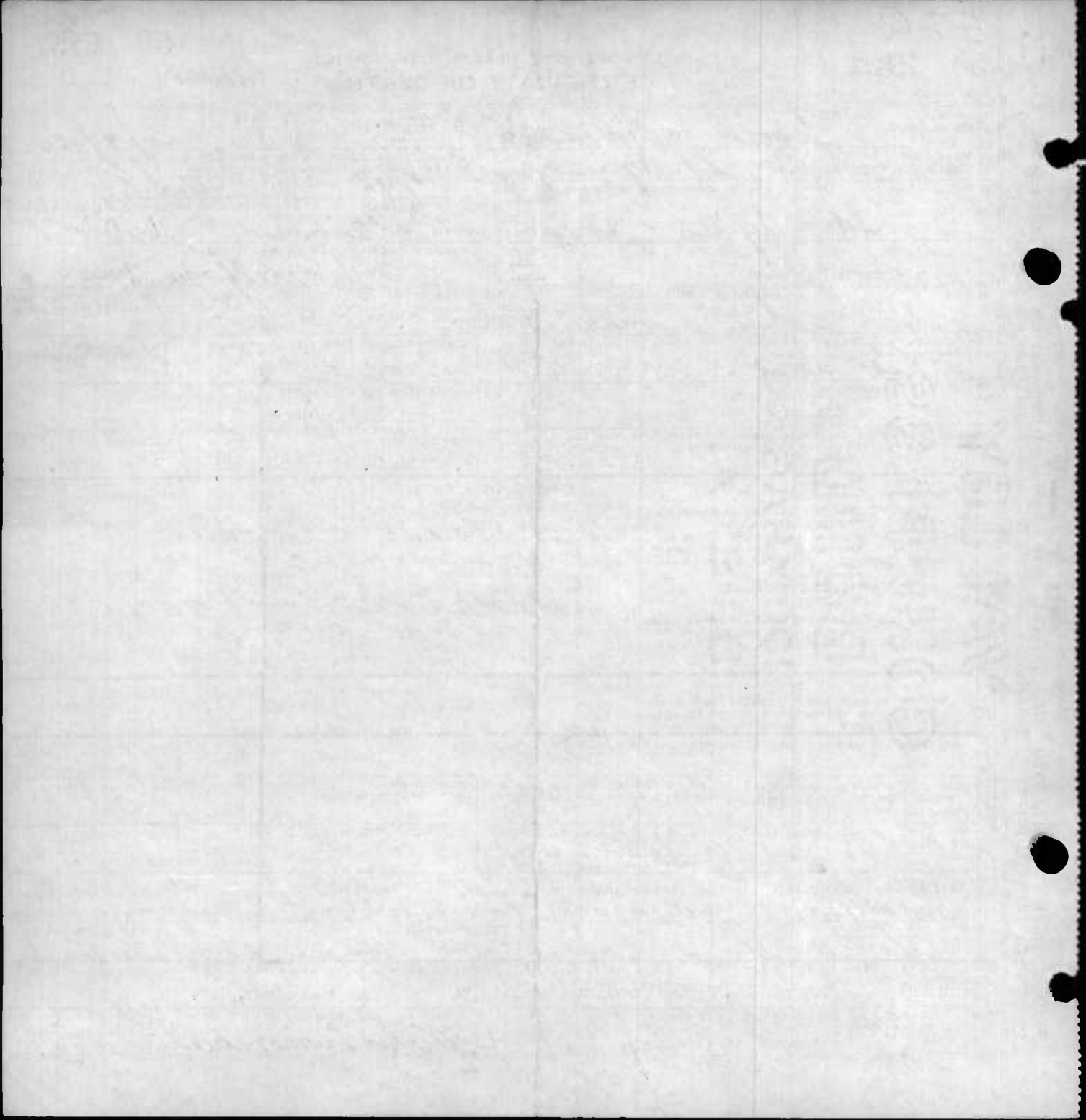
1. NAME OF DECEASED (Type or Print) <i>Lewis P. Hammack</i>		2. DATE OF DEATH <i>3/9/50</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>St. Agnes Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>U.S.A.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 28-02</i>	
c. Length of stay in Baltimore - <i>Yrs. - Mos. - Days</i>		D. STREET ADDRESS (If rural, give location) <i>3211 Milford Ave.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 2, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ticket agent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Pennsylvania RR</i>	9. AGE (in years last birthday) <i>50 yrs</i>
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William Hammack</i>		14. MOTHER'S MAIDEN NAME <i>Cecelia Markwood</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>717-07-9513</i>	
17. INFORMANT <i>Mrs. Urath C. Hammack</i>		ADDRESS <i>3211 Milford Ave.</i>	

MEDICAL CERTIFICATION

1B. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>MASSIVE CEREBRAL</i>		DUE TO <i>HEMORRAGE</i>			
ANTECEDENT CAUSES		(B) <i>HYPERTENSIVE CARDIO -</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <i>VASCULAR DISEASE</i>			
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/9</i> , 19 <i>50</i> to <i>3/9</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3/9</i> , 19 <i>50</i> , and that death occurred at <i>8:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. Shaw</i>		23B. ADDRESS <i>M.D. St. Agnes Hosp.</i>		23C. DATE SIGNED <i>3/9/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 11, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1950</i>		REGISTRAR'S SIGNATURE <i>Walter Williams</i>		25. FUNERAL DIRECTOR <i>E. Miles Lamoreau</i>	
				ADDRESS <i>4510 Liberty Heights Ave.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

HAWKINS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2152

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Milton Hawkins, Sr.

2. DATE
OF
DEATH

3-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

39 Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17. 16-03

D. STREET ADDRESS (If rural, give location)

1224 N. GILMORE ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

6-1-1902

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months: Days

8 2

11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WAITER

10b. KIND OF BUSINESS OR
INDUSTRY

RESTAURANT

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANK HAWKINS

14. MOTHER'S MAIDEN NAME

ANNIE CASSIMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Mal. Hypertension
DUE TO

P

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 3-8, 1950, and that death occurred at 7:25 pm., from the causes and on the date stated above.

23a. SIGNATURE

George McDevall

M. O.

23b. ADDRESS

844 N. Carey St

23c. DATE SIGNED

3/9/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

3-12-50

24c. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24d. LOCATION (City, town, or county) (State)

A. A. Co. MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1950

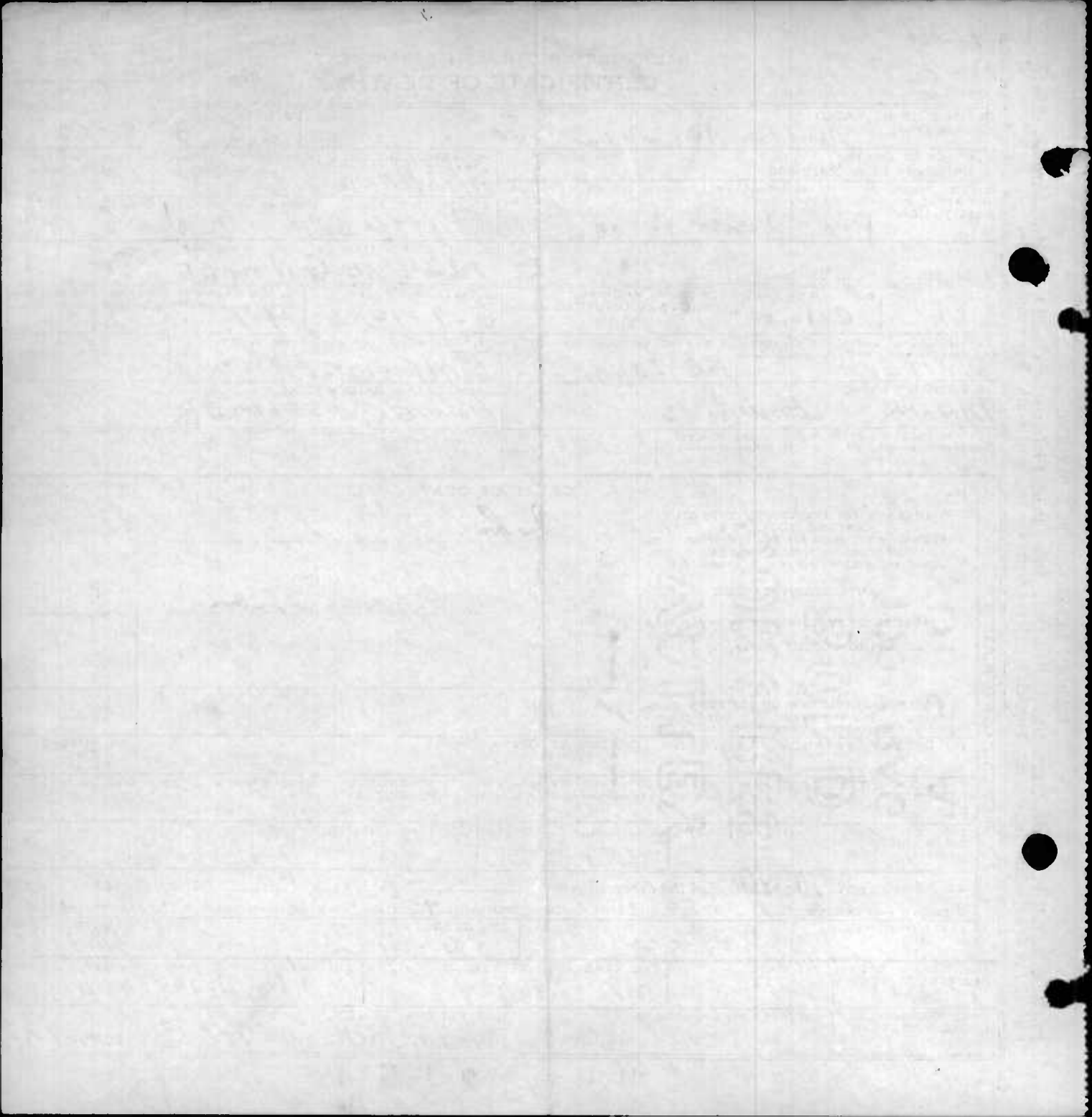
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. JACKSON - 916 PENNA. AVE.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B-622

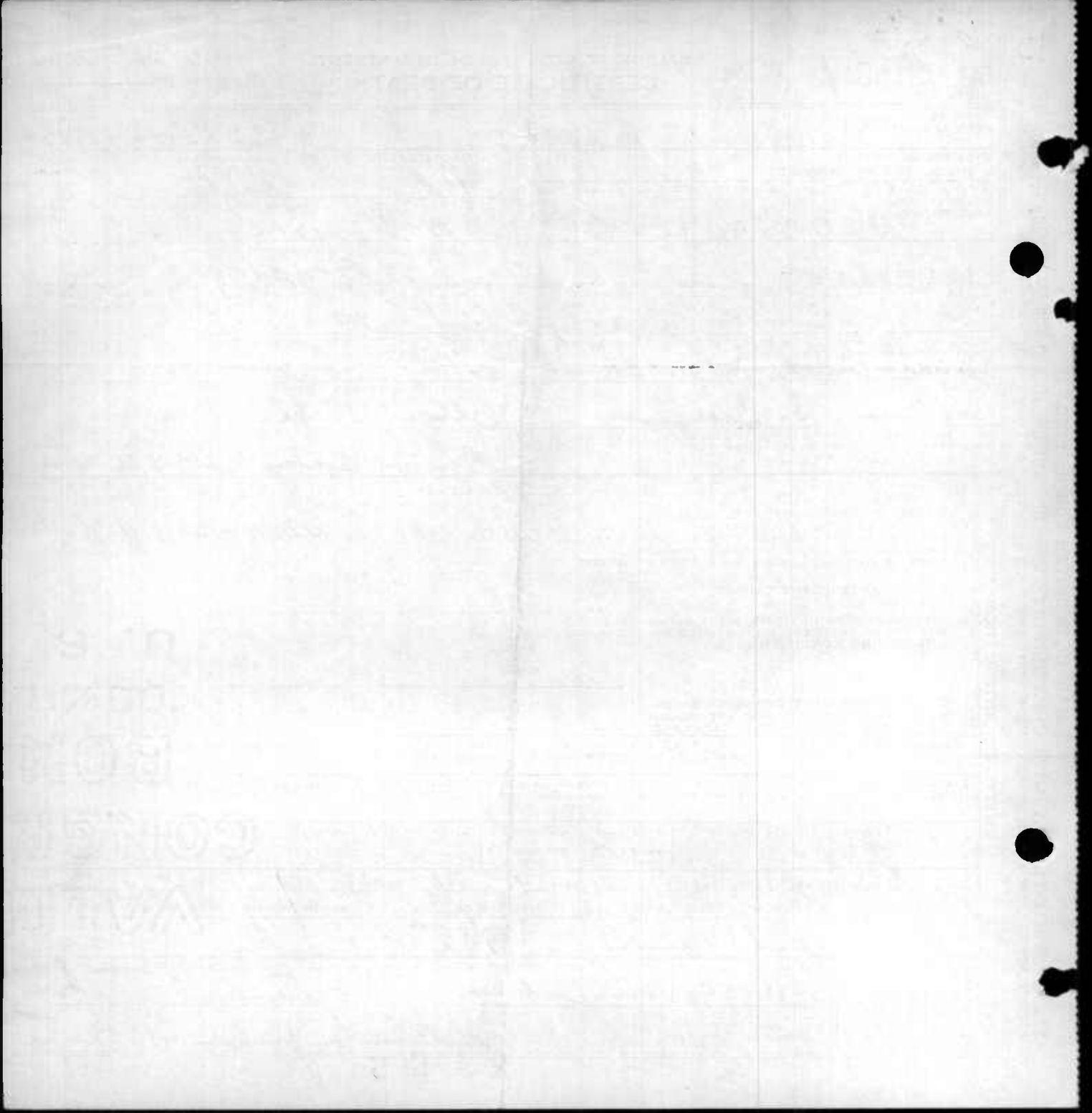
50 2153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2153

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>William J. Burgess</i>			2. DATE OF DEATH <i>March 7 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>830 Bradley St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-03</i>		
D. STREET ADDRESS (If rural, give location) <i>830 Bradley St</i>			E. Yrs. Mos. Days		
c. Length of stay in Baltimore					
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Sep.</i>	8. DATE OF BIRTH <i>Sept 1904</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Race Track</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>PORTER</i>		
11. BIRTHPLACE (State or foreign country) <i>Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William H. Burgess</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Hicks</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Bessie Boston</i>			ADDRESS <i>320-8th Ave. D.C.</i>		
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <i>Pulmonary Tuberculosis Undet.</i> INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-30, 1950</i> , to <i>Mar 7, 1950</i> , that I last saw the deceased alive on <i>Mar 6, 1950</i> , and that death occurred at <i>5 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Harland Churchill</i>		23B. ADDRESS <i>902 W. Franklin</i>		23C. DATE SIGNED <i>3-7-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-11-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1950</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>William A. Jackson</i>	
ADDRESS <i>916 Penna</i>					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

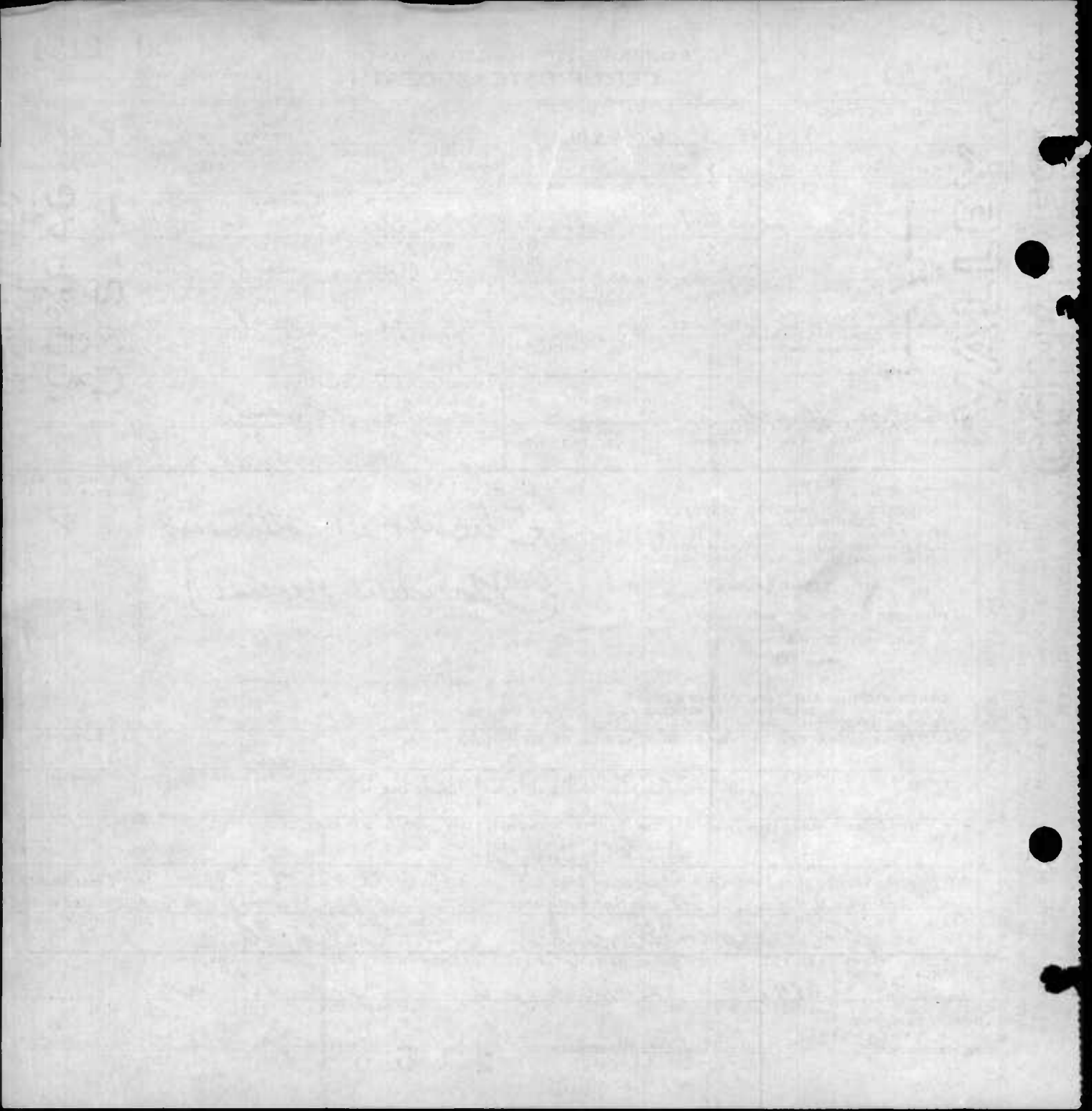
50 2154

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MOLLIE L DOWNIN		2. DATE OF DEATH March 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ind. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1019 Roland Heights Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2714	
D. STREET ADDRESS (If rural, give location) 1019 Roland Heights Ave.		E. _____	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6, 1888
9. AGE (in years, last birthday) 61		10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Ind.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME George Haskel		14. MOTHER'S MAIDEN NAME Laura V. Stansbury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Ray W. Downin		ADDRESS 1019 Roland Heights Ave.	

18. 202.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Reticulo-endotheliosis DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (Gaucher Disease) DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____		
19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 8-29-49 to 9-9-50 , 19____, that I last saw the deceased alive on 9-9 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.		
23A. SIGNATURE Laudene Hlunak	23B. ADDRESS 3711 Falls Rd	23C. DATE SIGNED 3-10-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/11/50	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) (State) Pikesville Ind.		25. FUNERAL DIRECTOR Paul E. Chasney
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950	REGISTRAR'S SIGNATURE Stanton H. Williams	ADDRESS 3615-17 Chestnut Ave.



50 2155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2155

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles W. Connolly

2. DATE
OF
DEATH

Mar 9 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5227 Reisterstown Rd

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

5227 Reisterstown Road

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Apr 26 1866

9. AGE (In years,
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin Connolly

14. MOTHER'S MAIDEN NAME

Elizabeth Albaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary F. Connolly 5227 Reisterstown Rd

18.

446 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

1 Chronic Nephritis
2 Arterio Sclerosis
3 Hemiplegia (2 yrs ago)2 yrs +
unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1950, to March 9, 1950, that I last saw the
deceased alive on March 8, 1950, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

C. A. Gussor

23B. ADDRESS

7201 York Rd

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 11 1950

Druid Ridge

Pikesville Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

MAR 10 1950

Huntington Williams M

Harry H. Hunsicker

4204 Ridgewood Ave

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4926 Pb Hgt

R-543
2156BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Colin H. Reynolds

2. DATE
OF DEATH

March 8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

60 42 East 26th St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 12-06

D. STREET ADDRESS (If rural, give location)

42 East 26th St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/28/1891

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Interior Decorator

11. BIRTHPLACE (State or foreign country)

Newport R. Island

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

BLDG CORST.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

5/1909-12/1912

16. SOCIAL SECURITY NO.

V16-09-9761

17. INFORMANT

Catherine E. Pinz 279 S. Strickland

ADDRESS

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

P

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

CERTIFICATION APPROVED BY

R. S. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1945, to Sept 10, 1945, that I last saw the deceased alive on Sept 10, 1945, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Cahn

M. D.

23B. ADDRESS

2145 W Baltimore St

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

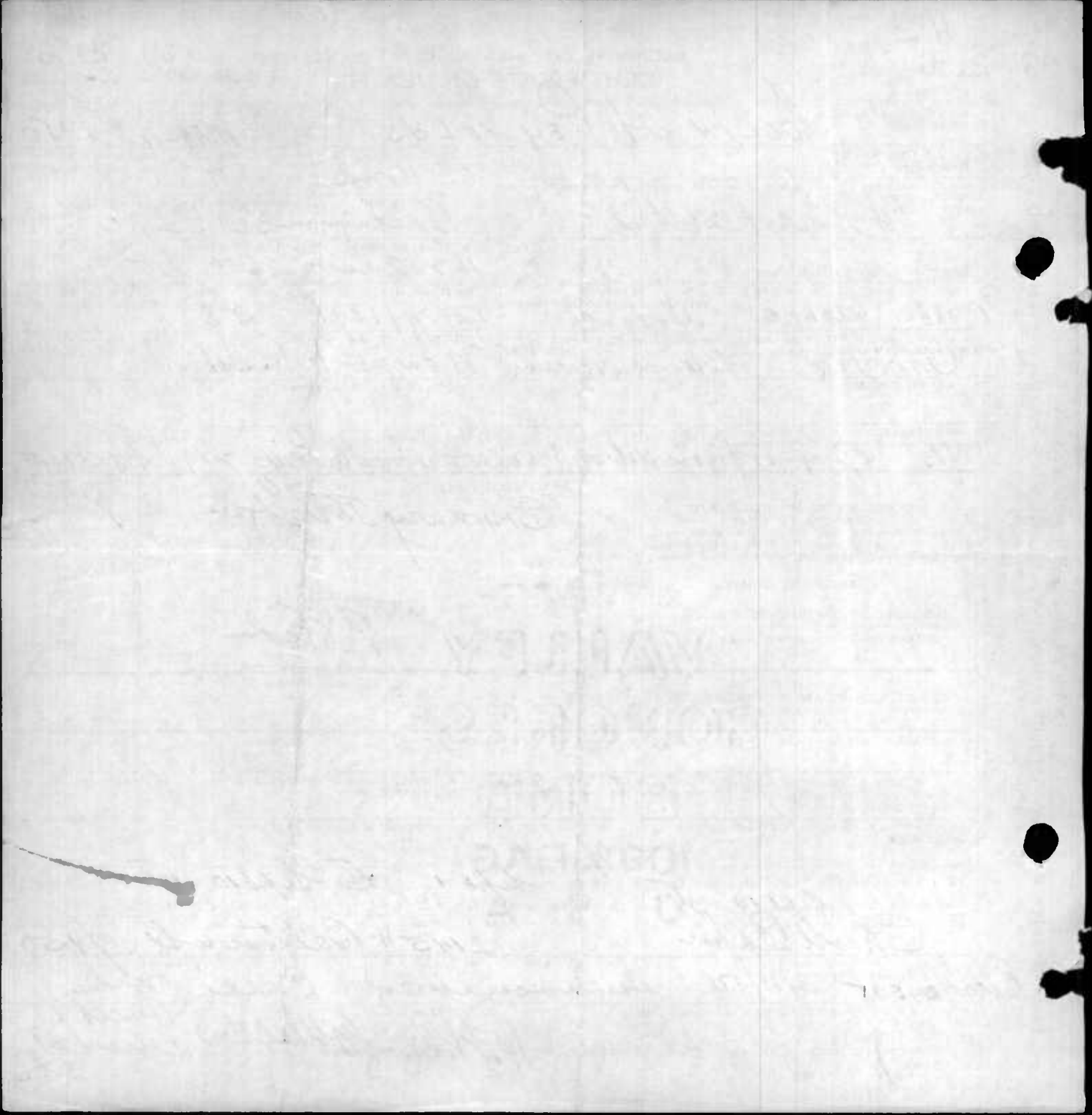
MAR 10 1950

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

R. S. Fisher



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2157
Registered No. _____

BIRTH NO. 50 2157

1. NAME OF DECEASED (Type or Print) JOSEPH FRANK Van HORN			2. DATE OF DEATH Mar. 7, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 60 202 S. Loudon Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-08		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 202 S. Loudon Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 30, 1903	9. AGE (In years last birthday) 46	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown Laborer		10B. KIND OF BUSINESS OR INDUSTRY Steel Co.	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank C. Van Horn			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Doris M. Van Horn 202 S. Loudon Av		

18. 420-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Vascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Coronary thrombosis Cardio-Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH 1 day 4 yrs
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1946 , to Mar. 7, 1950 , that I last saw the deceased alive on 3/6 , 1950, and that death occurred at 2:30 p. m. , from the causes and on the date stated above.						
23A. SIGNATURE Thomas C. Dodd		23B. ADDRESS 2108 St Paul St		23C. DATE SIGNED 3/9/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.				
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		REGISTRAR'S SIGNATURE Wm. J. Tickner				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LIDA CARTE

2. DATE
OF
DEATH

3/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland, Baltimore.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

35 Church Home & Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore. 12-06

c. Length of stay in Baltimore

75 yrs.

D. STREET ADDRESS (If rural, give location)

2114 St. Paul Street

5. SEX

F.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

August 13

9. AGE (In years
and birthday)

about 75 yrs.

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Carte.

14. MOTHER'S MAIDEN NAME

Annie Lewis.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

- no

17. INFORMANT

ADDRESS

Mrs. Virginia L. Spellman 3200 N. Hilton

18. E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

uracemia.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fracture femur.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY
J. J. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home.

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2114 St. Paul Street 12/6

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2/22/50.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to the floor

22. I hereby certify that I attended the deceased from 2/22/1950, to 3/9/1950, that I last saw the deceased alive on 3/8/1950, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wayne R. Jacobs MD.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS Balto., Md.

VS 150

N-821.0

50 2158

186a

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Washington, D. C. 20535

Report of _____

Date _____

Time _____

Place _____

Subject _____

Character of Case _____

Classification _____

Priority _____

Investigation _____

Results _____

Comments _____

Signature _____

Special Agent in Charge

Enclosure _____

Copy _____

File _____

Index _____

Stamp _____

Remarks _____

Other _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2159

Registered No.

BIRTH NO.

50 2159

1. NAME OF DECEASED

(Type or Print)

AMY

COOPER

2. DATE
OF
DEATH

March 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

XXXXXX

Baltimore, Md.

19-01

D. STREET ADDRESS (If rural, give location)

305 N. Parrish St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

10/26/1899

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

day work

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S. A

13. FATHER'S NAME

Wm. Cooper

14. MOTHER'S MAIDEN NAME

Marion Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Walter Cooper

ADDRESS

305 Parrish St

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema

DUE TO Hypertensive heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

RS Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

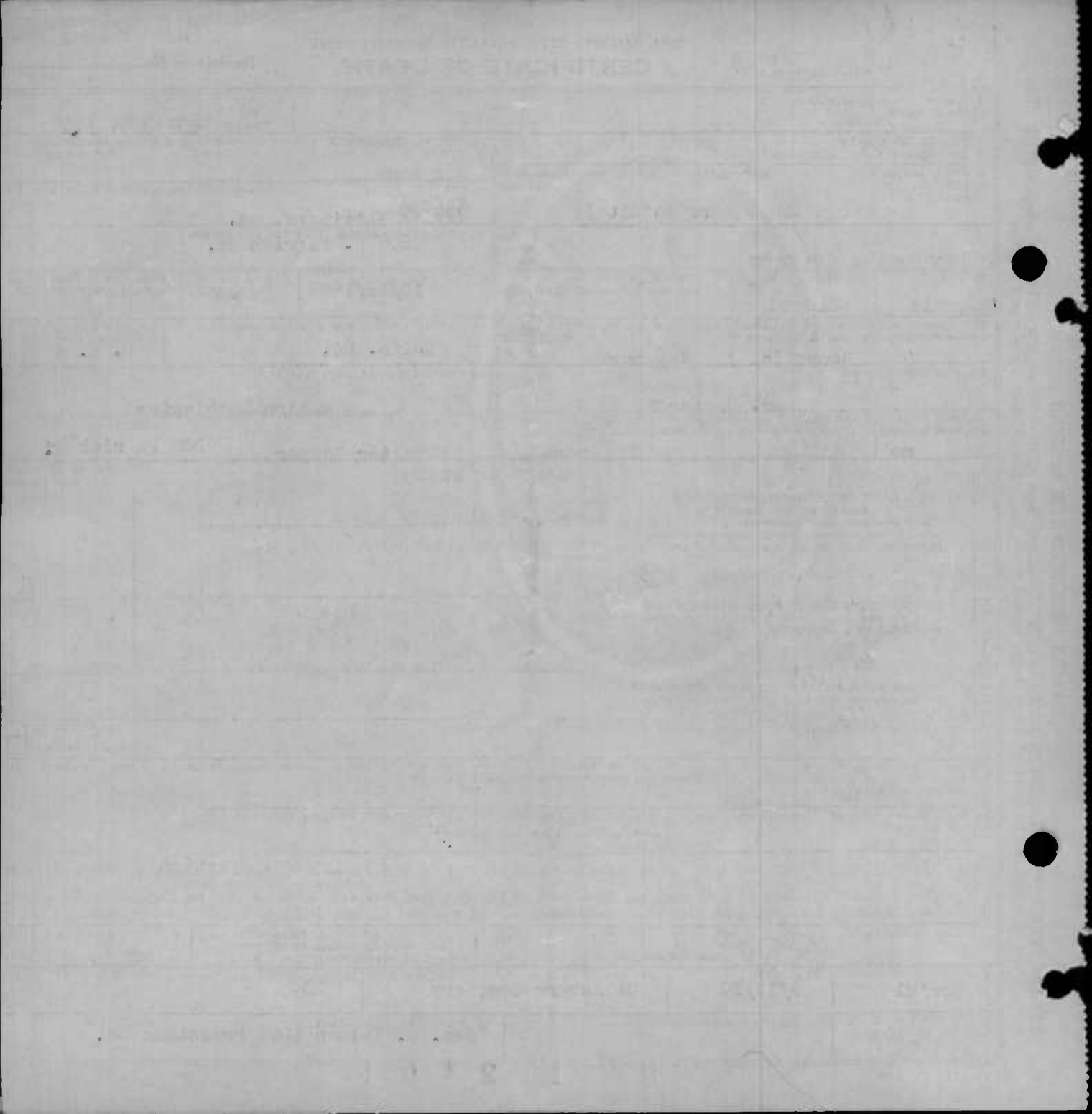
Geo. G. Kelson 1303 Presstman St.

ADDRESS

502161

92D

✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2160

BIRTH NO.

50 2160

1. NAME OF DECEASED
(Type or Print)

BEARES, WILLIAM

2. DATE
OF
DEATH

Mar 9 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md. Balt.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Fork Md.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

71 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

May 20 - 1870 77 78

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

FARMER

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE BEARES

14. MOTHER'S MAIDEN NAME

SARAH BLAKELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Beares Fork Md

18.

570.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) INTESTINAL OBSTRUCTION

DUE TO

8 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ADHESIONS & VOLVULUS

(C) DEHYDRATION, ACIDOSIS, & UREMIA

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/9/50

19B. MAJOR FINDINGS OF OPERATION

VOLVULUS, CONSTRICTION BAND OF ADHESION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/50, 19__, to 3/9/50, 19__, that I last saw the
deceased alive on 3/9/50, 19__, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Bachman

23B. ADDRESS

M.D.

UNIVERSITY

HOSPITAL

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 14 - 50

24C. NAME OF CEMETERY OR CREMATORY

Fork H. E. Cem

24D. LOCATION (City, town, or county)

Fork Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

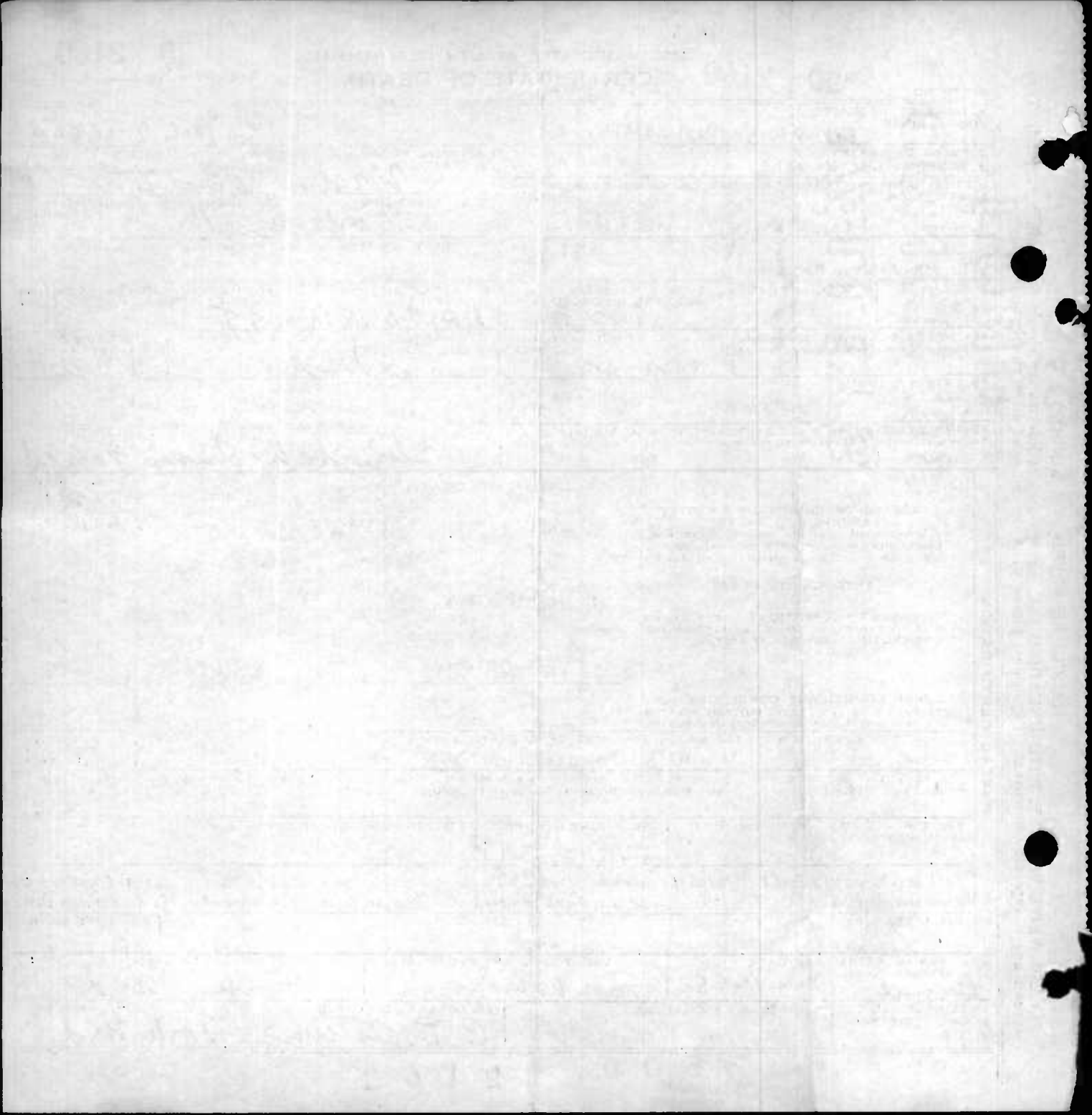
William M. Arthur

25. FUNERAL DIRECTOR

C. E. Arthur

ADDRESS

Fork Md.



W-510

50 2161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2161

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert H. Wempe

2. DATE
OF
DEATH

March 8th. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5858 Belair Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5858 Belair Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

3/ 15/ 1875

9. AGE (In years
last birthday)

74 75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Wempe

14. MOTHER'S MAIDEN NAME

Sara L. Hamel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Bessie Wempe 5858 Belair Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Disease (cardiac)

15 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis

Unknown

(C)

DUE TO

Cerebral Hemorrhage

2 yrs. 3 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1944, to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 70 m., from the causes and on the date stated above.

23A. SIGNATURE

Philip A. Artigiani M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

3/ 13 / 50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

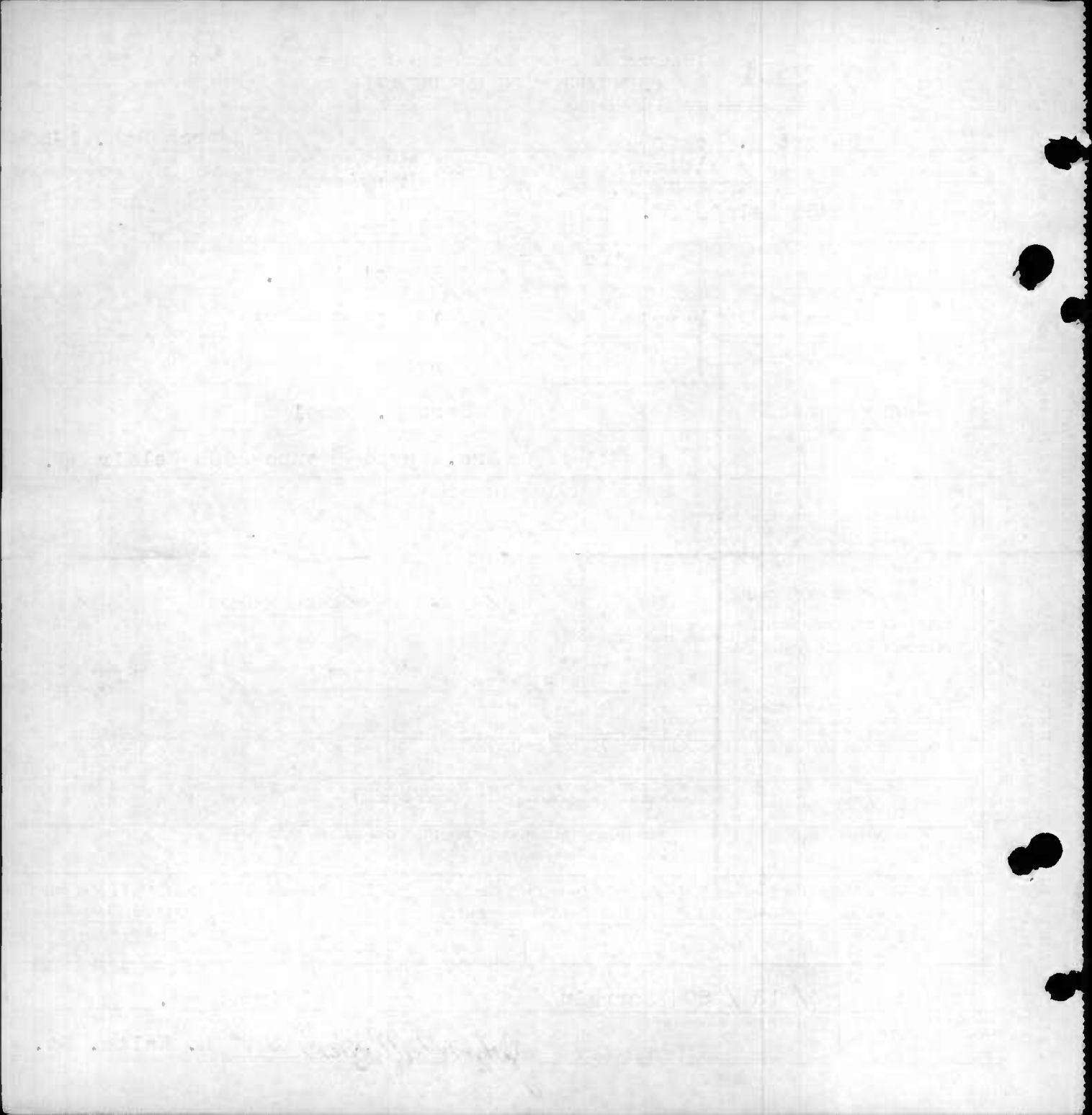
ADDRESS

3000 E. Balto. St.

MAR 10 1950

VS 150

94a



S-530
MS-133736
50 2162BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Willie Smith

2. DATE
OF
DEATH 3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

804 Shuter St.

c. Length of stay in Baltimore

9 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 16, 1895

9. AGE (In years
last birthday)

54

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR INDUSTRY

BLDG. OPER.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Smith (D)

14. MOTHER'S MAIDEN NAME

Jennie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

245-075411

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular renal disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Laennec's cirrhosis of the liver.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25-1949, to 3-9-1950 that I last saw the deceased alive on 3-9-1950 and that death occurred at 1:45A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B.C.H.--4940 Eastern Ave.

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1950

VS 150

1950730812104

124a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

THE UNIVERSITY OF CHICAGO
LIBRARY

1957

1957

1957

1957

1957

W-523
50 2163BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Wenskatis

2. DATE
OF
DEATH

Mar 9. 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 413 S. Paca St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

62

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE ☒ MARRIED

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 6-1867

9. AGE (in years

last birthday)

82

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuanian

12. CITIZEN OF
WHAT COUNTRY?

yes

13. FATHER'S NAME

John Wenskatis

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Wenskatis 413 S Paca St.

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

5 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1948, to 3-9, 1950, that I last saw the
deceased alive on 3-8, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

3-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 13-50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph Kasunskas, Jr. 602 Wash.

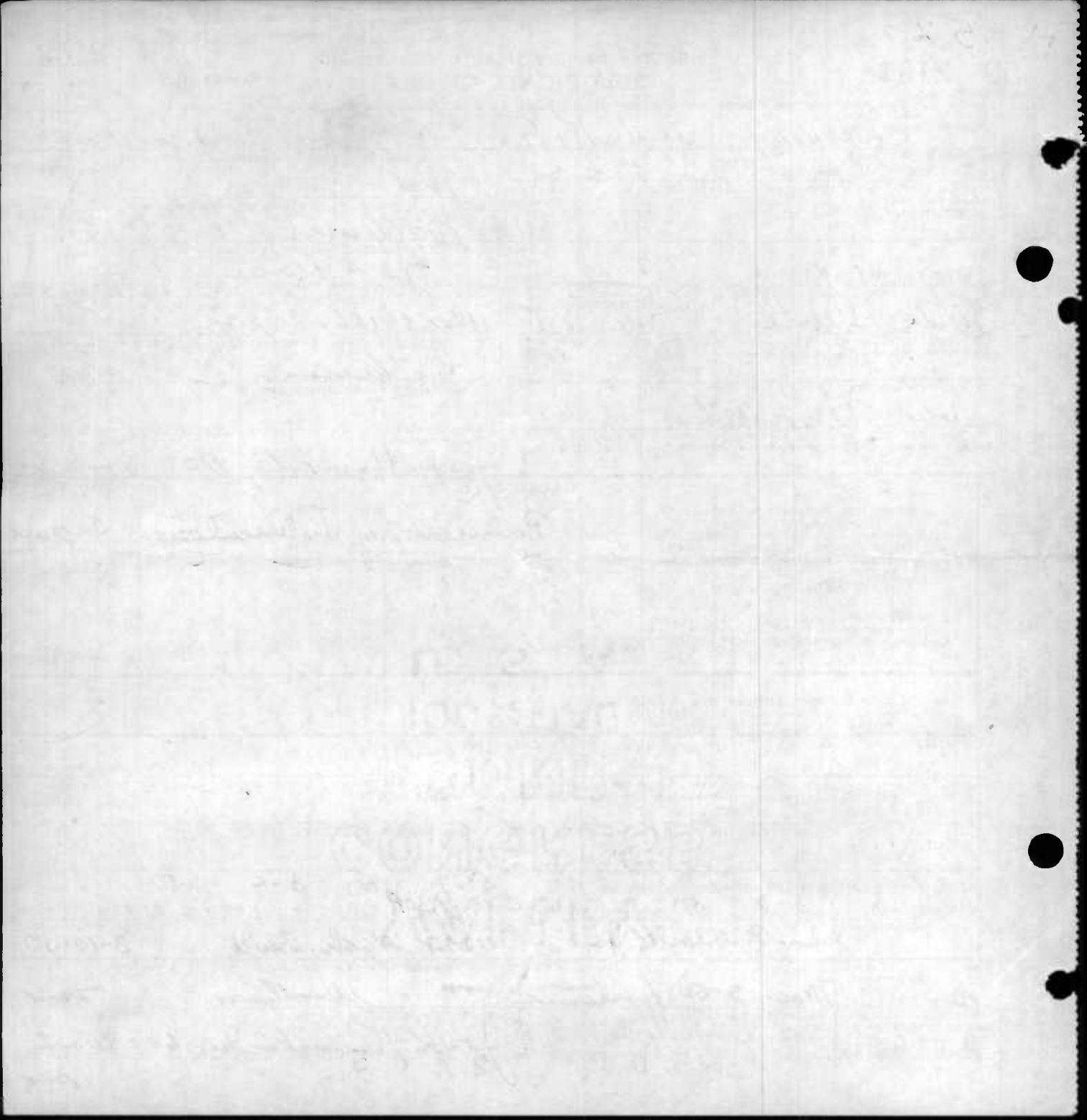
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9500

2163

13B

13B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2164

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Bessie May Downs

2. DATE
OF
DEATH

March 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1018 Union Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1018 Union Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

September 27, 1880 69

9. AGE (In years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

William H. Appleby

14. MOTHER'S MAIDEN NAME

Matilda ~~TOBOK~~ Nicol15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thelma R. Stapf 1018 Union Avenue

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Coronary occlusion20 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Anterior scleremia, arterioscler,
heart,4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) overweight

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10th Nov., 1944 to Mar 9, 1950 that I last saw the
deceased alive on Mar 1, 1950, and that death occurred at 3³⁰ a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 11, 1950

Druid Ridge

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1950

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

CERTIFICATE OF DEATH

March 9, 1960

Mr. James H. Smith

Age 68

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

March 27, 1960

March 27, 1960

March 27, 1960

U.S.A.

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

1000 Union Avenue

W-410

50 2165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2165
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSS WM. WOLFE

2. DATE
OF
DEATH

3/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1049 QUANTRIL WAY

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.

2 Mos
Days

5. SEX

WHITE MALE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 14, 1926 74

9. AGE (In years,
last birthday)11 Under 1 Year
Months: Days7 MO.
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

FREDERICK CO

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE WOLFE

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Frances Lewis

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac failure

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis - generalized

DUE TO

Rt. side paralysis 2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950 to March 9, 1950 that I last saw the
deceased alive on March 9, 1950 and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Klimes

M. O.

23B. ADDRESS

2623 E. Monument St

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

Lewistown Methodist

24D. LOCATION (City, town or county)

Lewistown, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Louis F. Klimes

25. FUNERAL DIRECTOR

M. P. Creager Son Thurmont, Md.

ADDRESS

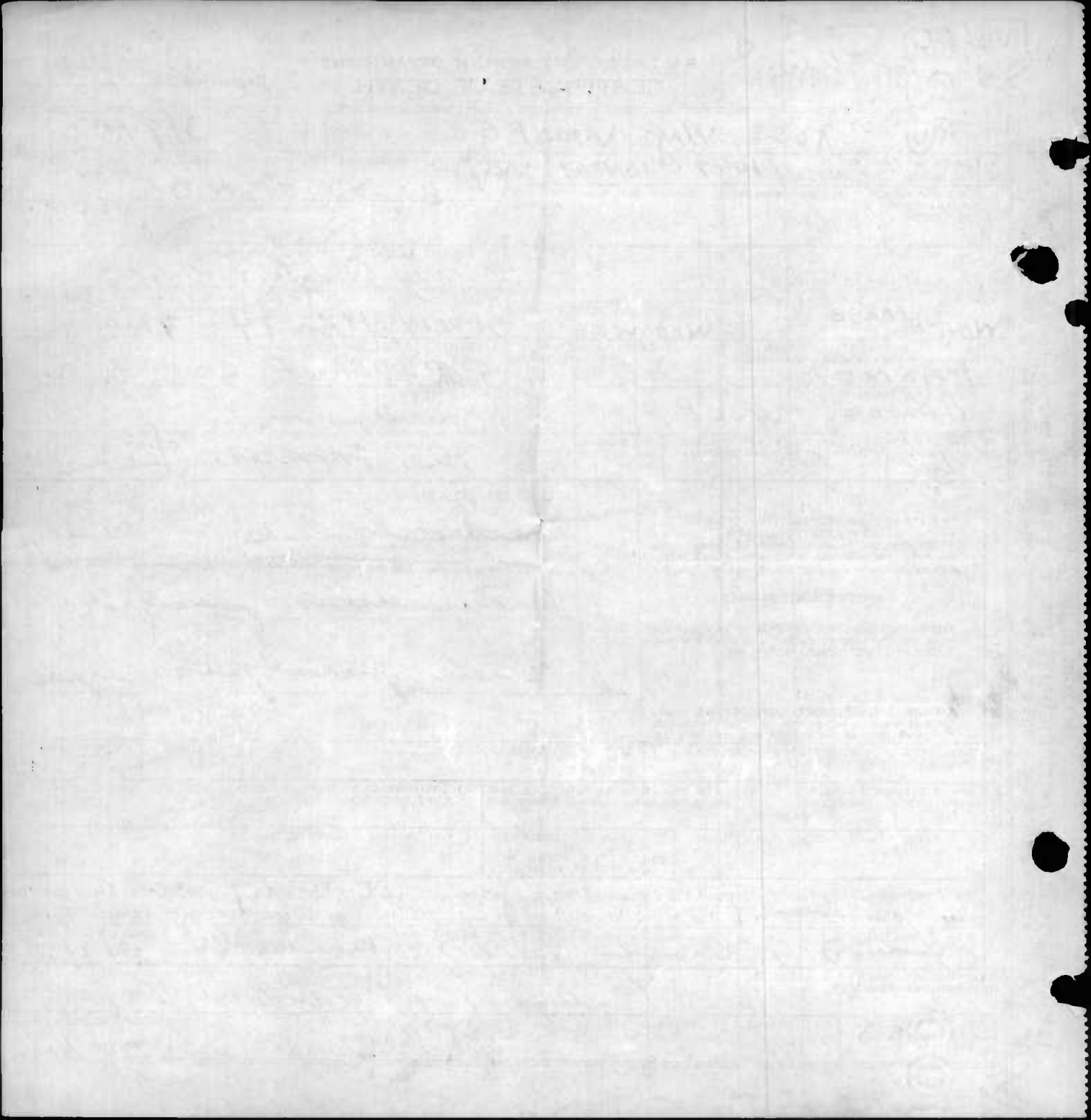
VS 150

000VV

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2166
Registered No.

BIRTH NO.

50 2166

1. NAME OF DECEASED
(Type or Print)

MATTHEW

CALHOUN

2. DATE
OF
DEATH

February 26, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
a. STATE b. COUNTY before admission)

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

624 W. Conway Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/10/1888

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

Tailoring

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-78-7745

17. INFORMANT

ADDRESS

Woodruff James 651 W. Barre St

18.

420 0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. S. Fisher

23b. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
2-27-5024a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3/10/50

24c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles W. Rice 661 W. Barre St

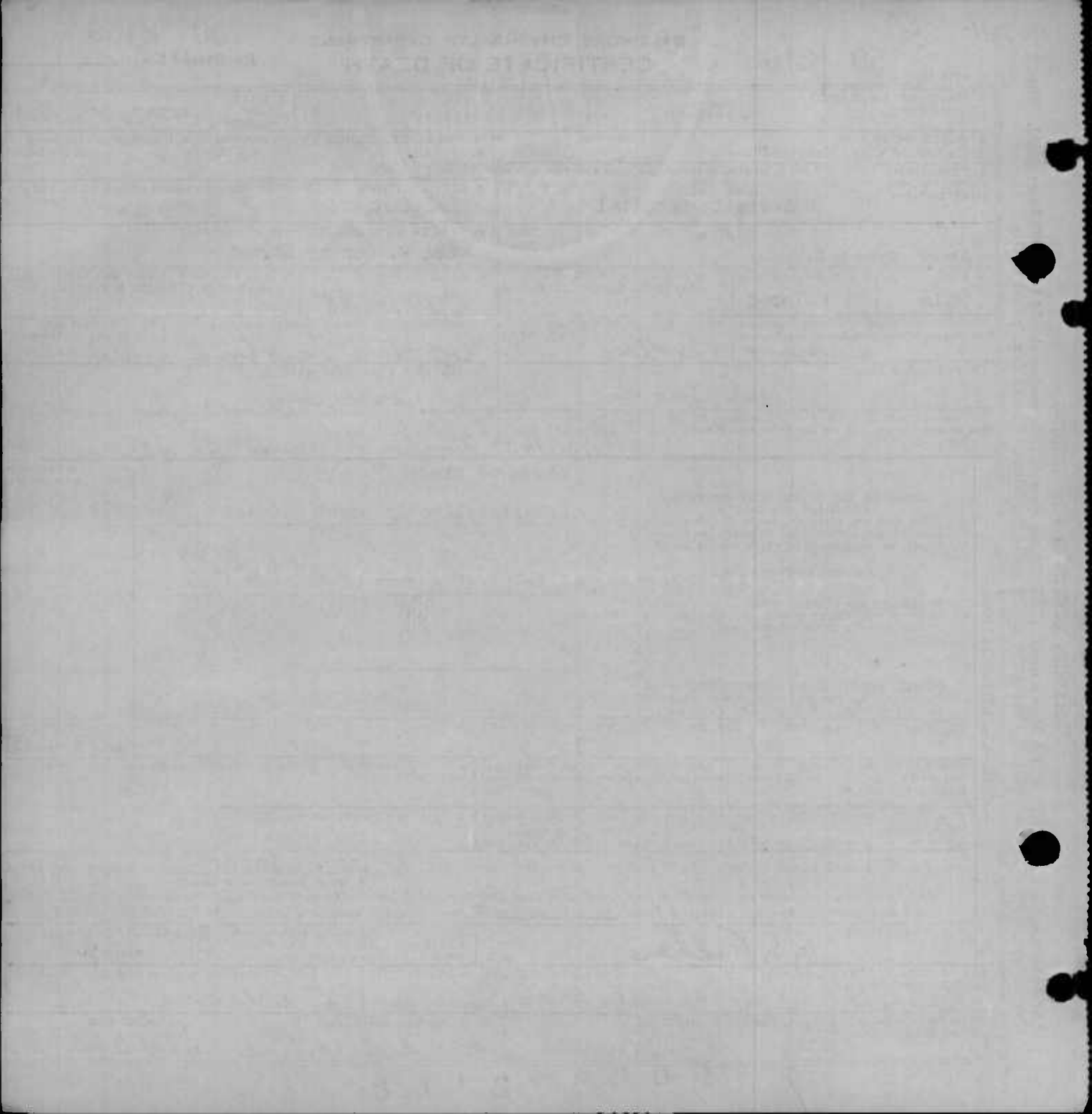
APR 10 1950

VS 151

48842168

937

✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2167

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANKLIN P. JOYCE

2. DATE
OF
DEATH

Mar. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

934 S. Paca St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

934 S. Paca St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 26, 1867

9. AGE (in years
last birthday)

82

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

watchman retired

10B. KIND OF BUSINESS OR
INDUSTRY

laboratory instru-

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Joyce

14. MOTHER'S MAIDEN NAME

Ayrie Hissey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-20-2697

17. INFORMANT

ADDRESS

Mr. Edward C. Joyce 3000 Keswick Rd.

18.

334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Left cerebral hemiplegia

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to 3-8, 1950, that I last saw the
deceased alive on 3-7, 1950, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Edmund Lewis

23B. ADDRESS

3400 Hilton Rd

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1950

REGISTRAR'S SIGNATURE

William J. Tickner & Sons

25. FUNERAL DIRECTOR

WILLIAM J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

(H. Edmund Lewis) MD 2167

(31)

STATEMENT OF THE DEPARTMENT
CERTIFICATE OF DEATH

1914

1914

1914

1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2168
Registered No.BIRTH NO. 50-2168
50-046481. NAME OF DECEASED
(Type or Print)

Baby Boy Corlett

2. DATE
OF
DEATH

March 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

West Balto General Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto 12

Baltimore

D. STREET ADDRESS (If rural, give location)

107 Murdock Rd

c. Length of stay in Baltimore

Yr.
Mos.
Days

1

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/6/50

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days

19 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
West Balto Gen Hosp Balto Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Wright Corlett

14. MOTHER'S MAIDEN NAME

Ruth McCauley Leatherbury

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

107 Murdock Rd

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Compression abdomen both lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Defect, congenital of left heart -
high pressure

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

N M

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3/6/1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Corlett, Jr.

M. D.

23B. ADDRESS

West Baltimore Ave. 1000. 13/8/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAR 1 0 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 0 1950

Wilmington Williams, M.D.

Commissioner of Health

THE UNIVERSITY OF CHICAGO
CENTRE FOR THE STUDY OF THE HISTORY OF SCIENCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 2169**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**William FUSSELBAUGH**2. DATE
OF
DEATH**3-10-50**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Maryland General
Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
ownership)**Baltimore 12-02**

c. Length of stay in Baltimore

8 5Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2914 N. Calvert St

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

3-4-669. AGE (In years
last birthday)**84**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Rtd owner**10B. KIND OF BUSINESS OR
INDUSTRY**wholesaler-Wallpaper**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Fusselbaugh

14. MOTHER'S MAIDEN NAME

Sarah Hall15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**no**

17. INFORMANT

ADDRESS

Mrs. Emma Fusselbaugh 2914 N. Calvert St

18.

442 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

**pyelitis + cystitis + nephro-
sclerosis of penis with phimosis**

DUE TO

terminal

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

**Hypertensive and arteriosclerotic cardio-
vascular renal disease****years****Hepatitis pneumonia otitis media generalized
arteriosclerosis mellitus left
inguinal hernia**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from **3-7, 1950** to **3-10, 1950**, that I last saw the
deceased alive on **3-9, 1950** and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Marquitta Louisa Candler**Md General Hosp.****3/10/50**24A. BURIAL (CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS**Balto., Md.**

MAR 10 1950

that is to say**0 2 1 7 1****61**

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

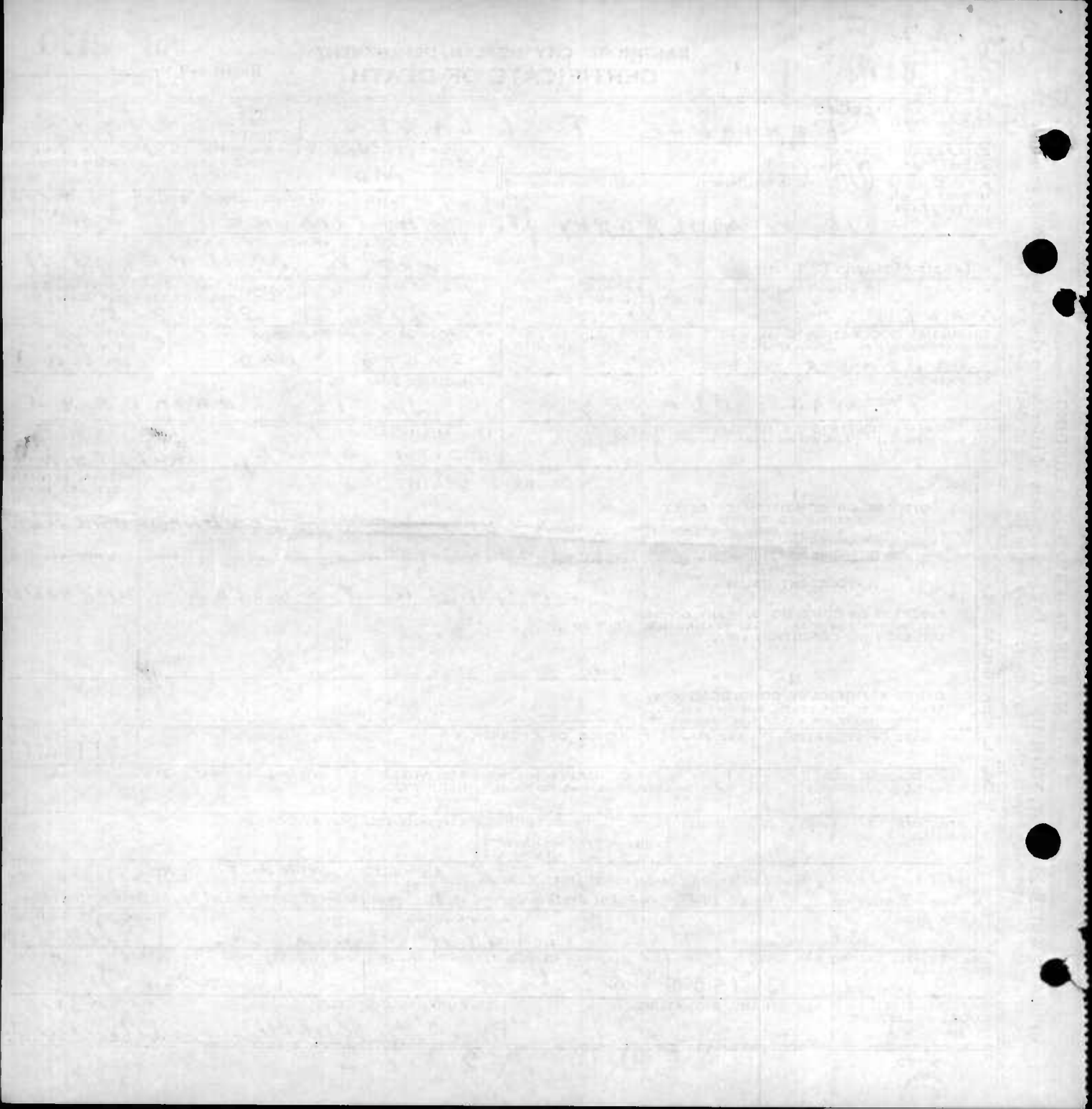
RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2170

BIRTH NO. 50 2170

1. NAME OF DECEASED (Type or Print) TERRANCE T. BLANEY		2. DATE OF DEATH 3/9/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 615 W MULBERRY ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 4-02	
D. STREET ADDRESS (If rural, give location) 615 W. MULBERRY ST		E. LENGTH OF STAY IN BALTIMORE 53 Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 7/4/96
9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME THOMAS BLANEY		14. MOTHER'S MAIDEN NAME JANIE CHAMBERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT EDITH BLANEY		ADDRESS 615 W. MULBERRY ST	
18. 443X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CARDIO VASCULAR DISEASE UNKNOWN			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) HYPERTENSION UNKNOWN			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB 13, 1950 , to MAR. 9, 1950 , that I last saw the deceased alive on MAR 3, 1950 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE William Frey		23B. ADDRESS 1928 Penna Ave	
23C. DATE SIGNED 3/10/50			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-13-1950	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) A. A. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		REGISTRAR'S SIGNATURE William Frey	
25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Howard St	



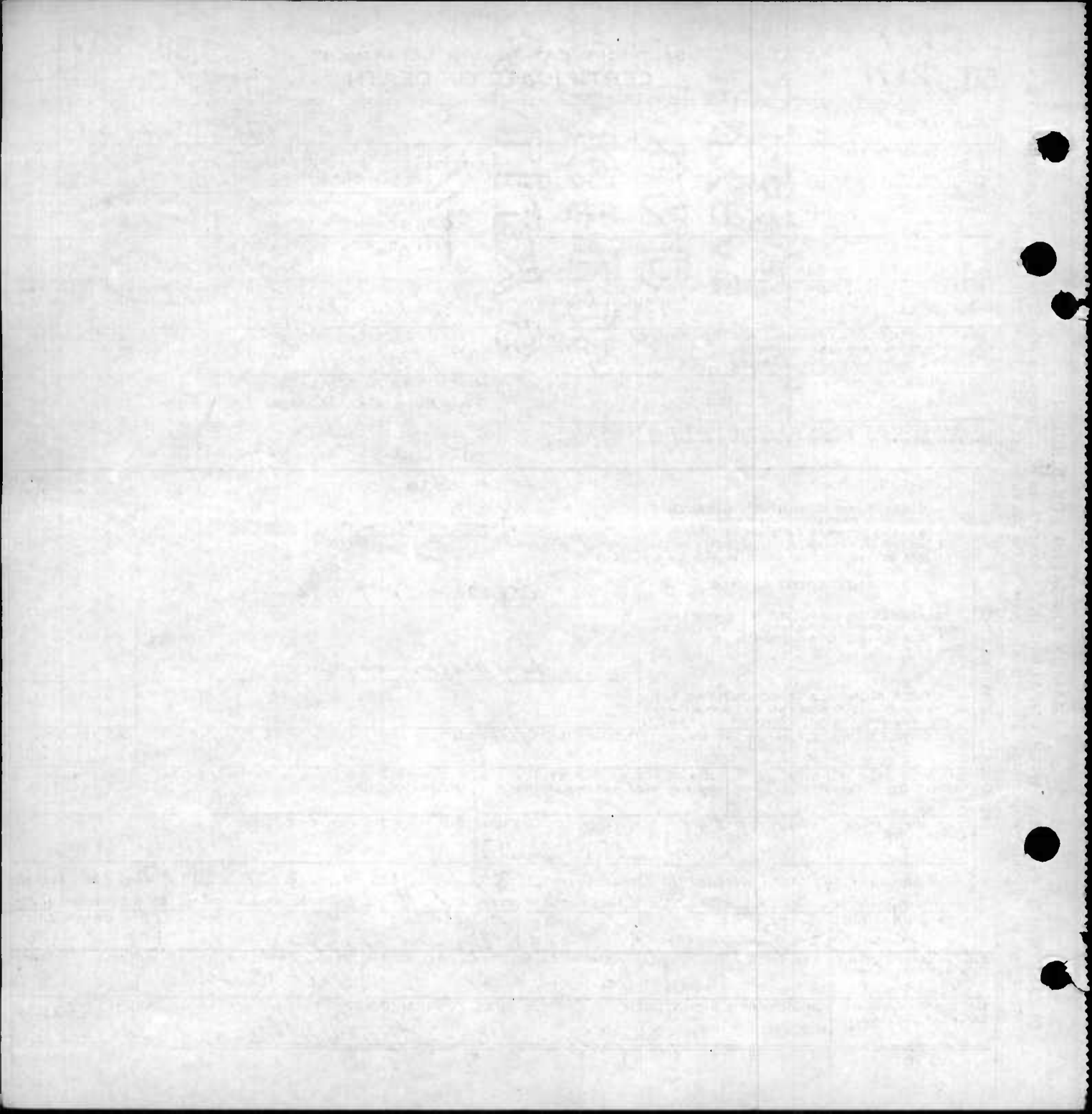
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2171

Registered No.

50 2171
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jacob Thompson</i>			2. DATE OF DEATH <i>3-7-56</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>18-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>312 N. Arlington Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 1, 1907</i>	9. AGE (In years last birthday) <i>43</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Longshoreman</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>George Thompson</i>			14. MOTHER'S MAIDEN NAME <i>Mary Sutton</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS <i>Aubrey Thompson, 312 N. Arlington</i>		
16. SOCIAL SECURITY NO.			17. ADDRESS		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>sepsis</i> DUE TO ANTECEDENT CAUSES (B) <i>Cardiac Failure</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>Hypertension</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-7</i> , 19 <i>56</i> , to <i>3-7</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>3-7</i> , 19 <i>56</i> , and that death occurred at <i>104</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. B. Williams</i>			23B. ADDRESS <i>Univ. of Md.</i>		23C. DATE SIGNED <i>3-7-56</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-11-1956</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Tanyard</i>		24D. LOCATION (City, town, or county) (State) <i>West River, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MART 10 1956</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Kate R. Williams, 322 N. Schroeder</i>	



C-200
50 2172

50 2172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

COX, Mary

2. DATE
OF
DEATH

3-9-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-01

D. STREET ADDRESS (If rural, give location)

537 N. Fulton Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 12, 1915

9. AGE (In years
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fort Mill, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Weather.

14. MOTHER'S MAIDEN NAME

Martha Morrow.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carlton Cox.

537 N. Fulton Ave

18. 445 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Malignant Hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1 1950 to 3/9 1950, that I last saw the
deceased alive on 3/9 1950, and that death occurred at 10:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisanar

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-12-1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Mrs. Katie Williams

ADDRESS

322 N. Schroeder St.

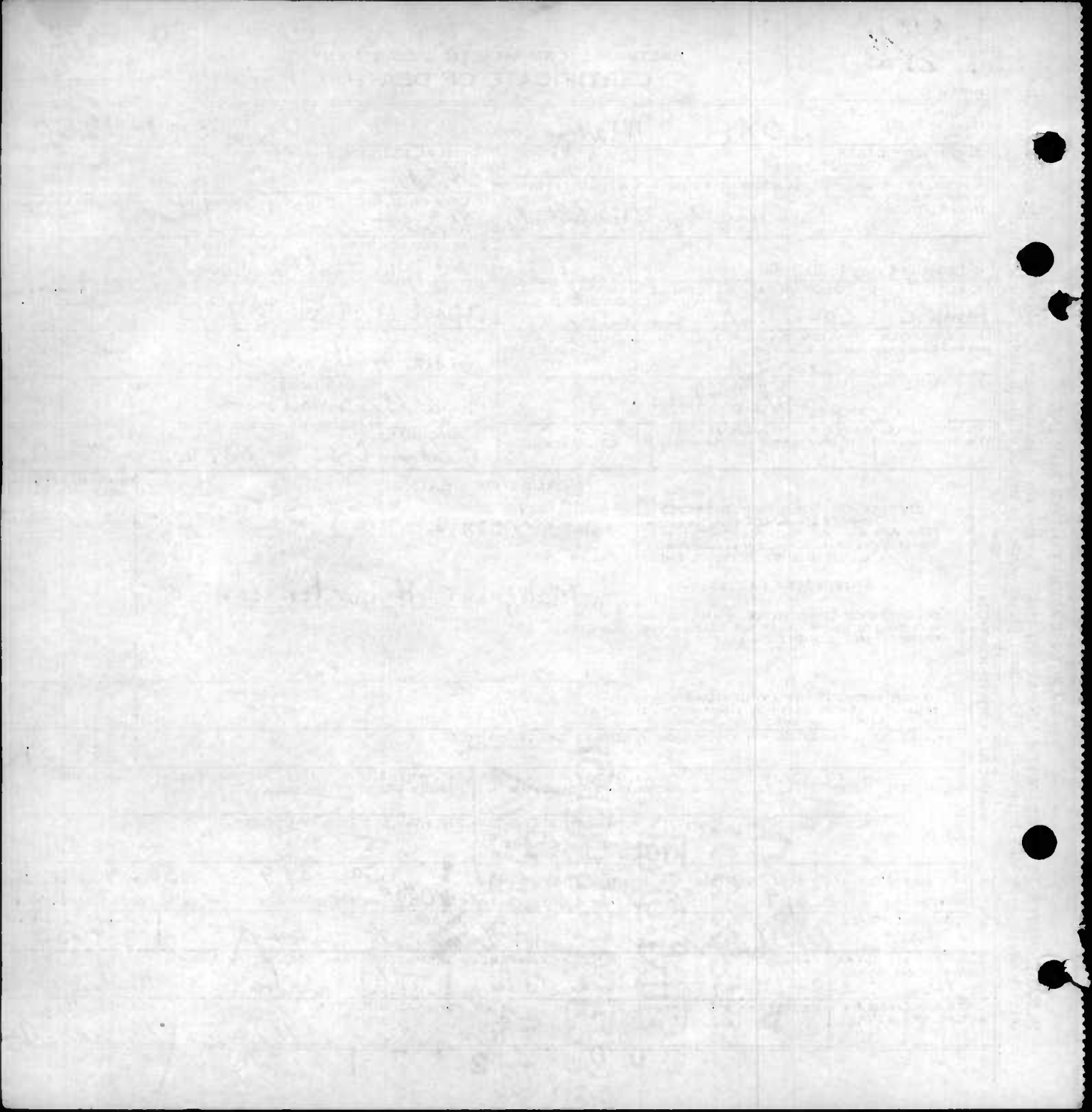
VS 150

2174

102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mildred Saroy Wright Butler.

2. DATE OF DEATH
March 8, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Ind.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

570 W. Vincent St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

570 W. Vincent St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 31, 1912

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard

14. MOTHER'S MAIDEN NAME

Edith Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Edith Cox (mother) 570 W. Vincent St.

18. 026X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage
Probably C.V.S. Les
or Brain tumor.

Immediate
Years.

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Mar 8, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M.D.

23B. ADDRESS

206 S. Galien St.

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-11-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

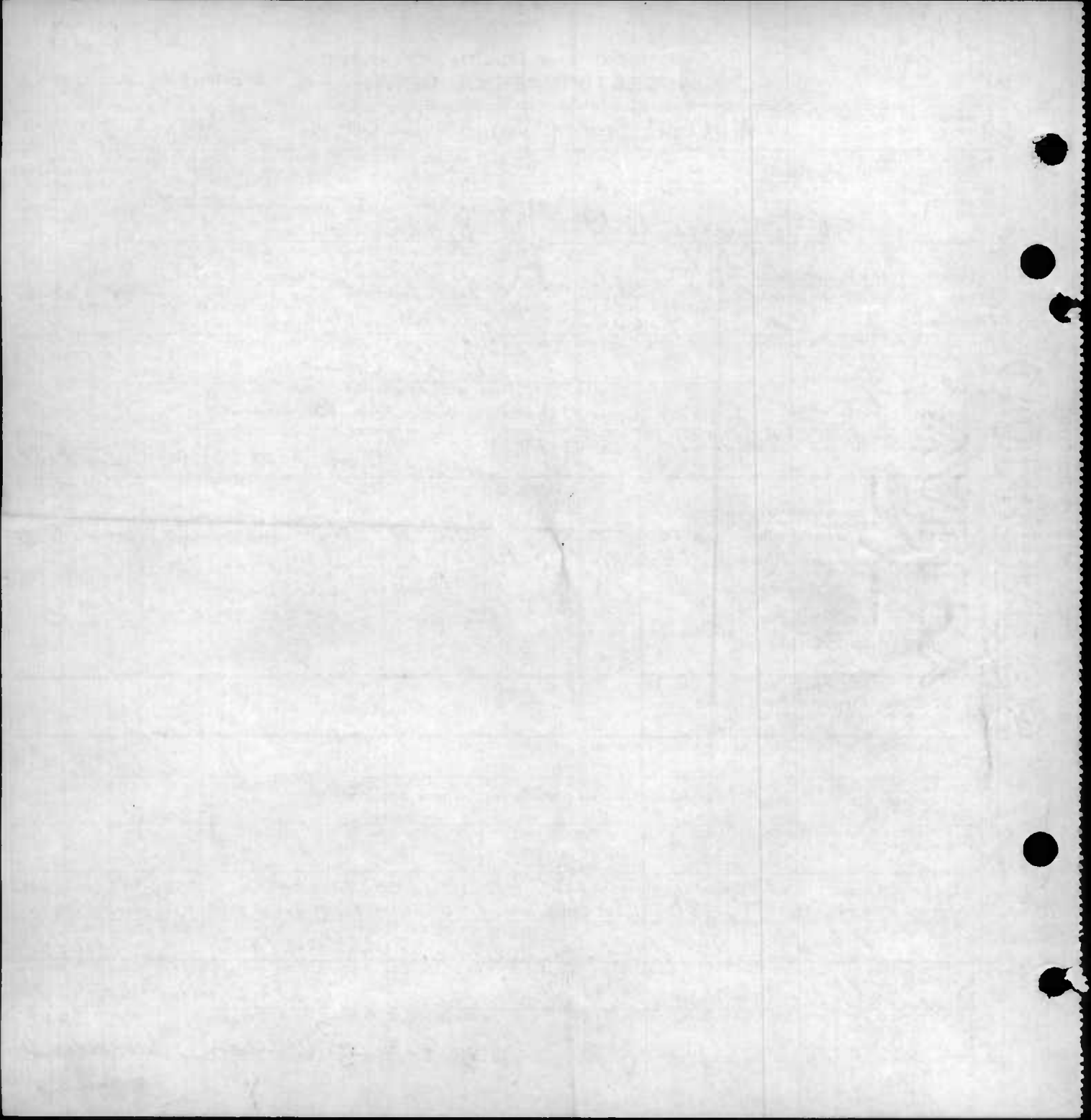
Mrs. Katie Williams Schroeder

ADDRESS

322 N

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



D-420

50 2174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2174

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Dallas

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Nova Scotia

B. COUNTY

Halifax

B. FULL NAME OF HOSPITAL OR INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Halifax

V-50

D. STREET ADDRESS (If rural, give location)

unknown

c. Length of stay in Baltimore

7 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-27-1877

9. AGE (In years last birthday)

72

10. Under 1 Year

11 12

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Halifax, Nova Scotia

12. CITIZEN OF WHAT COUNTRY?

Canada

13. FATHER'S NAME

John O'Flaherty

14. MOTHER'S MAIDEN NAME

Mary O'Connell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

The Seton Institute - Baltimore 15, Md.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis, general, 7 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Manic-depressive Psychosis
Several arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1943 to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Walter A. McManis

23B. ADDRESS

3703 Clark Lane Balto-15 March 10, 1950

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 11/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Ave.

VS 150

City #1. 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 10, 1910.

REPORT

OF THE

COMMISSIONER

OF THE LAND OFFICE

FOR THE

YEAR 1909.

ALBANY:

WATKINS

PRINTERS

1910.

1910.

1910.

1910.

1910.

D-400
50 2175

50 2175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE EDWARD DILL, Jr.		March 8, 1950	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland 229 N. Lakewood Ave.		A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location)		229 N. Lakewood Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
male	white	single	April 4, 1873	76	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
retired		U.S. Government		Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
George E. Dill Sr.		Kunigunda Shipley		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		none		Mrs. Dora Morgereth, sister, 229 N. Lakewood	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Coronary Occlusion		10 minutes	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cerebral Hemorrhage		act 29/1948	
II		(C) Coronary Occlusion		6-3-8-50	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) General Atherosclerosis		1937	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 8, 1950, to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 10:00 a. m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		March 11, 1950		Loudon Park Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAR 10 1950		Schimmek Funeral Home, Inc.		2601-3-5 E. Madison St.	

94a

CERTIFICATE OF DEATH

NAME

DATE OF BIRTH

PLACE OF BIRTH

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

AGE

SEX

AGE

SEX

AGE

SEX

AGE

SEX

AGE

SEX

AGE

SEX

AGE

SEX

J-525 50 2176		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 2176 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mary E. Johnson				2. DATE OF DEATH 3/9/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION 50				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY 7-03	
C. Length of stay in Baltimore life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 921 N. Patterson Pk Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 4/17/80	9. AGE (In years last birthday) 69 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Paul Vacek				12. CITIZEN OF WHAT COUNTRY? U.S.	
14. MOTHER'S MAIDEN NAME Unknown				17. INFORMANT (sister) ADDRESS Rose Vacek 920 N. Broadway	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT (sister) ADDRESS Rose Vacek 920 N. Broadway	
18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Hypertensive cardiovascular disease 10 yrs? Generalized + coronary arteriosclerosis yrs -				INTERVAL BETWEEN ONSET AND DEATH 4 hrs -	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/13, 1949 , to 3/9, 1950 , that I last saw the deceased alive on 3/9, 1950 , and that death occurred at 8:15 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Maxwell Feldman		23B. ADDRESS M. D. - 817 St. Paul St.		23C. DATE SIGNED 3/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/15/50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Belair Road.,		25. FUNERAL DIRECTOR ADDRESS Schmunek Funeral Home Inc 2601-03-05 E. Madison street			
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1950		REGISTRAR'S SIGNATURE 1 9 5 0		VS 150 2 1 7 0	



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ORA V. BUEHNER

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1806 Eutaw Pl.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1806 Eutaw Place

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1806 Eutaw Place

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 6, 1887

9. AGE (In years last birthday)

62

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Middlesex Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Thomas Brookings

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT Brookings

ADDRESS

Orange Va.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding from nose: Throat.
DUE TO Worms also intestinal he-
morrhage - (seen by Dr. Cohen p.m.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis
DUE TO Sclerotic vessel in nose
cardiac congestion.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Secondary anemia.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19, to 1950, 19, that I last saw the deceased alive on Feb 14, 1950 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Tickner

23B. ADDRESS

3103 N. Charles St.

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Hermitage Cemetery

24D. LOCATION (City, town, or county)

Churchview Va.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Wm. J. Tickner

25. FUNERAL DIRECTOR

ADDRESS

William J. Tickner & Sons North & Pa.

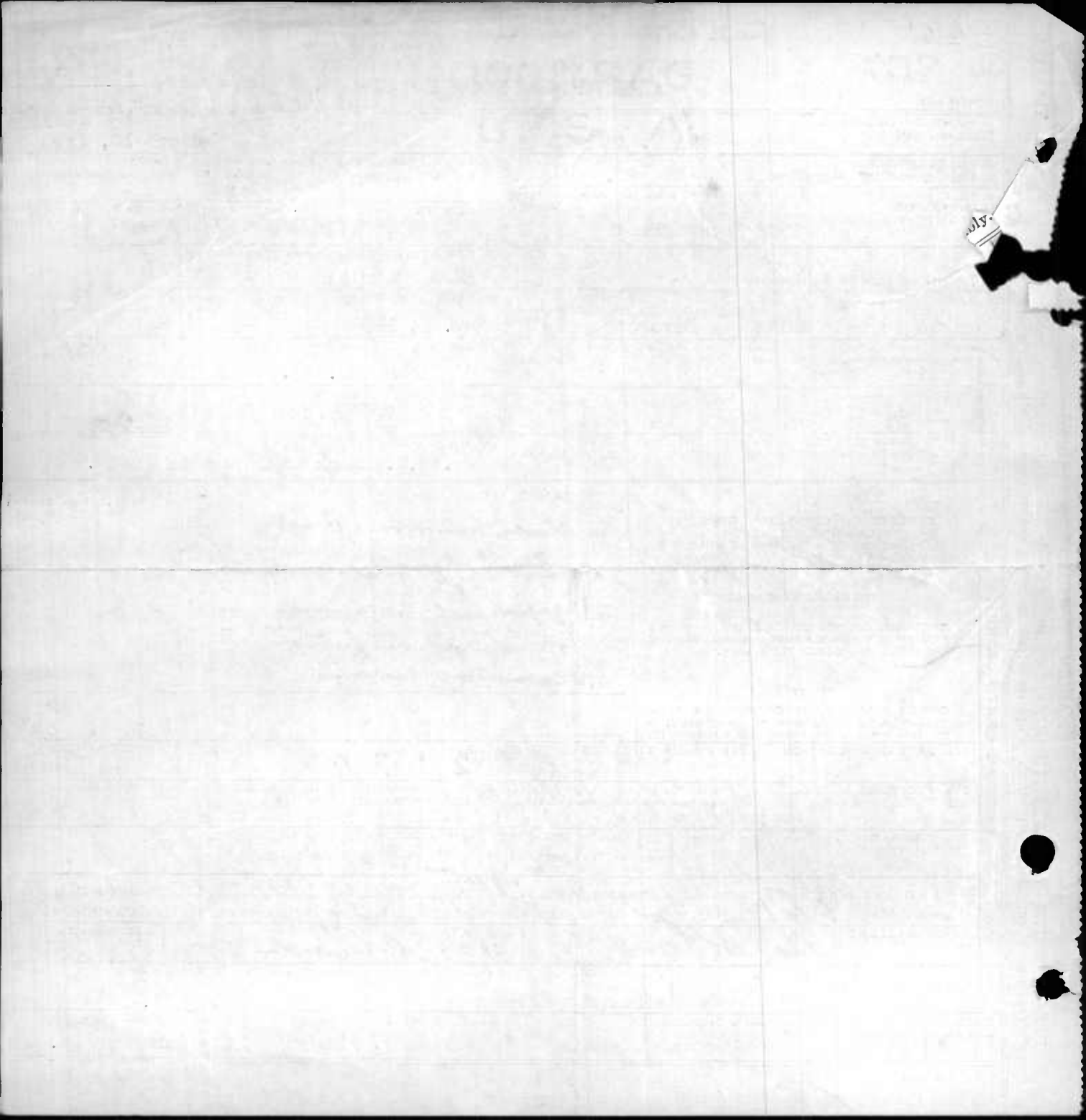
VS 150

76086

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and in



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 2178

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KUNIGUNDE DRANE

2. DATE
OF
DEATH

Mar. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1719 N. Chapel St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 N. Chapel St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1879

1870

9. AGE (In years last birthday)

69

If Under 1 Year
Months: Days: Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George R. Smith, 1719 N. Chapel St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Thrombosis

6 wks.

(C) DUE TO

Hypertensive C. V. D.

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
m. WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1940, to 3/9, 1950 that I last saw the deceased alive on 3/8, 1950 and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Karl Stromman

M. D.

23B. ADDRESS

1212 N. Patterson St.

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

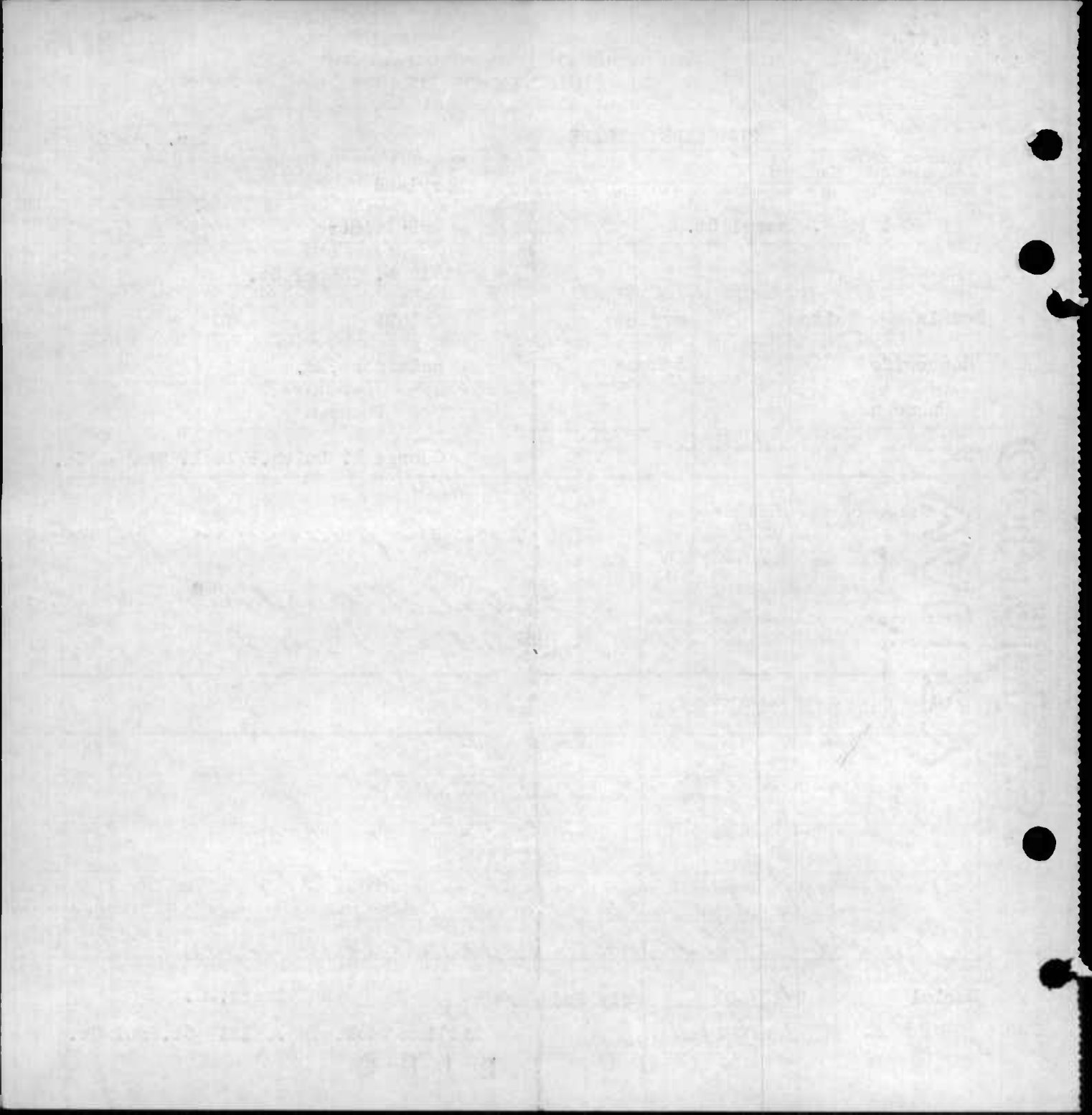
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.



F-510
50 2179BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2179
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Walter Fenby

2. DATE
OF
DEATH

3-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

3945 Greenmount Ave

c. Length of stay in Baltimore

64 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-3-1885

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Railway Express Messenger

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Carroll Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Wm. F. Fenby

14. MOTHER'S MAIDEN NAME

Annie O. Nail

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. E.C. Dull

ADDRESS

as above

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac decompensation

several weeks

DUE TO

arteriosclerotic heart disease
hypertensive cardiovascular
disease

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerotic cardiovascular
disease

12-13 weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, OR NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

Osteomyelitis, of knee, cystitis, emaciation

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/6, 1950, to 3-10, 1950, that I last saw the
deceased alive on 3/9, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candler

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

3-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/13/50

Landon Park

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1950

Huntington Hilligoss

Wm. Cook Inc. 1217 St. Paul St.

request the doctor
to specify his opinion
of the underlying cause
of death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRAUNS, WILLIAM T.

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maries + Laurel Rd. Baltimore County

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Laurel Md 6627

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/18/1886

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATER STATION

10B. KIND OF BUSINESS OR
INDUSTRY

Engineer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Augustus Brauns

14. MOTHER'S MAIDEN NAME

Mary Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Franklin Square Hospital

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Fracture left femur

19A. DATE OF OPERATION

3-7-50

19B. MAJOR FINDINGS OF OPERATION

Inter-haemal fracture, neck fracture, left femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

fell down stairs

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Maries + Laurel Rds. Laurel Md

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3 2 50

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Stumbled while
ascending stairs22. I hereby certify that I attended the deceased from 3-6, 1950 to 3-9, 1950 that I last saw the
deceased alive on 3-9, 1950, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wear B Raums, M.D.

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

3-9-50

24A. BURIAL, CREMA-
TION (Specify)

Burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. G. 1217 St. Paul St

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

MANNER OF BIRTH

AGE AT BIRTH

SEX

T-460
50 2181BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2181

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche B Taylor

2. DATE
OF
DEATH

March 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2104 Cambridge St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 1-04

D. STREET ADDRESS (If rural, give location)

2104 Cambridge St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OF RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1878

9. AGE (in years,

last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johnson

Carmel

14. MOTHER'S MAIDEN NAME

Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Edmond B Taylor, 2104 Cambridge

18. 194 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cancer of the esophagus (compressing the trachea
trachea
infection

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

generalized metastases

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4th, 1950, to March 9th, 1950, that I last saw the
deceased alive on March 6, 1950, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

K. Traugott

23B. ADDRESS

1623 E. N. Avenue

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/11/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

William C. Coe

ADDRESS

1217 S. Bond St

VS 150

10-500-2183

55c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

General of the Army (Confederate States of America)

General of the Army (Confederate States of America)

General of the Army (Confederate States of America)

General of the Army (Confederate States of America)

General of the Army (Confederate States of America)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2182

50 2182

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lillie A. Gorges			2. DATE OF DEATH 3/8/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) Hopkins Apts. St. Paul & 31st Sts.		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Edgewood Nursing Home 6000 Bellona Avenue			5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
c. Length of stay in Baltimore 82 Yrs. Mos. Days			8. DATE OF BIRTH Nov. 20, 1867 9. AGE (in years last birthday) 82 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY -----		
13. FATHER'S NAME James J. Flannery			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None			12. CITIZEN OF WHAT COUNTRY? -----		
16. SOCIAL SECURITY NO. -----			14. MOTHER'S MAIDEN NAME Eliza Copeland		
17. INFORMANT James H. Gorges			ADDRESS 102 St. Dunstan's		

18. E903.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Pulmonary Edema		DUE TO		12 hrs	
ANTECEDENT CAUSES		(B) Myocardial Failure		4 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		1 mo	
(C) Fractured (left) hip					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(SEE OVER)		CERTIFICATION APPROVED BY RBF	

19A. DATE OF OPERATION about July 1st 49		19B. MAJOR FINDINGS OF OPERATION Broken neck of humerus		CHIEF OR ASST. MEDICAL EXAMINER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) St Paul & 31st Sts.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 29, 1949, 8 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Stepped off curb	
22. I hereby certify that I attended the deceased from July 19, 1949 , to March 8, 1950 , that I last saw the deceased alive on March 5, 1950 , and that death occurred at 7:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Michael A. Abrams		23B. ADDRESS 1820 Eutan place Beltsville		23C. DATE SIGNED March 10 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR No. 20, Meigs and Son 805 N. Calvert St.		ADDRESS	

VS 150

N-820.0

186a

Discussion of the case with Dr. Abrams by the Chief Medical Examiner reveals that Dr. Abrams does not believe that the fracture contributed significantly to the death.

J-525

530114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2183

Registered No.

BIRTH NO.

2183

50-04334

1. NAME OF DECEASED
(Type or Print)

Baby Johnson

2. DATE

OF

DEATH

March 1st, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Charles

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

La Plata

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

0

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 1st, 1950

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

- - - 11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Winters

14. MOTHER'S MAIDEN NAME

Mary Helen Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

768.0

?

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxemia

DUE TO

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Subsartum infection

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1st, 1950, to March 1st, 1950, that I last saw the deceased alive on March 1st, 1950, and that death occurred at 15:31 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Hashman, M.D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

March 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1950

William L. Hashman, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND DEPARTMENT OF VETERANS AFFAIRS

U.S. GOVERNMENT PRINTING OFFICE

1964-12-15

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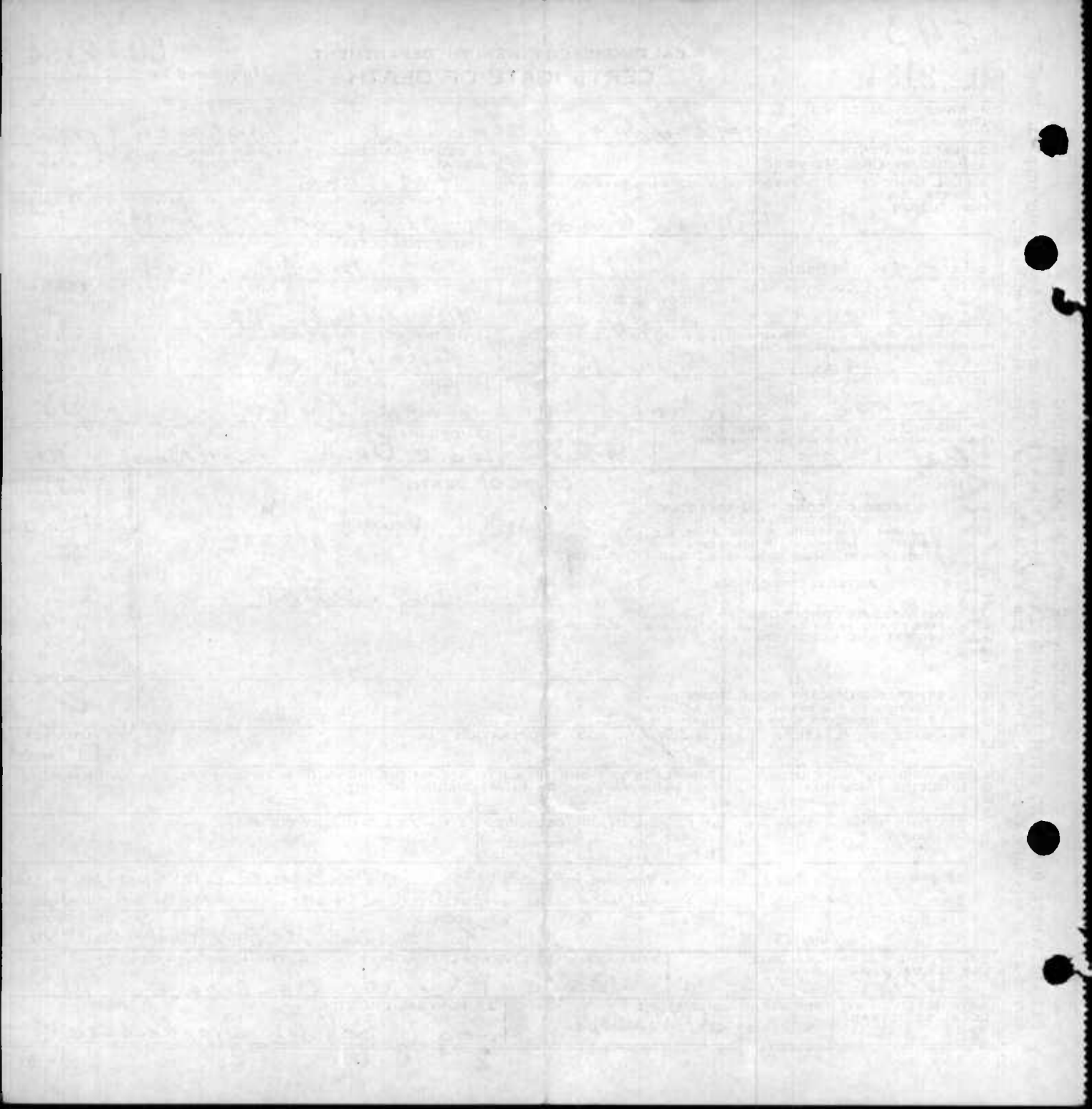
1964-12-15

1964-12-15

1964-12-15

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2184

1. NAME OF DECEASED (Type or Print) <u>EMMA VORA Reinhold</u>		2. DATE OF DEATH <u>4/ARCH 9, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3520 HILTON ROAD</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 15-11</u>	
c. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3520 HILTON ROAD</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 22, 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES Lady</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Dept. STORE</u>	
13. FATHER'S NAME <u>GEORGE Reinhold</u>		14. MOTHER'S MAIDEN NAME <u>ROSA Kuhn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Ed. C. Brady</u>		ADDRESS <u>1237 MAPLE AVE.</u>	
18. <u>331X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Cerebral Hemorrhage</u> DUE TO ANTECEDENT CAUSES (B) <u>Hypertension, essential</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <u>About 3 weeks</u>
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 9 1950 11:15 P.m.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>January</u> , 19 <u>50</u> , to <u>March 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 1</u> , 19 <u>50</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>James J. Nolan</u>		23B. ADDRESS <u>5804 Edmondson Ave, Baltimore, Md</u>	
23C. DATE SIGNED <u>March 19, 1950</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>3-13-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>WESTERN Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 11 1950</u>	REGISTRAR'S SIGNATURE <u>Antonia Williams, Md.</u>	25. FUNERAL DIRECTOR <u>GEO. L. Schwab</u>	
VS 150		ADDRESS <u>2101 FREDERICK AVE.</u>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2185
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Wilson

2. DATE
OF
DEATH

March 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF _____
(If not in hospital or institution, give street address or location)
University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY _____ before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

695 W. Mulberry St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Apr. 2, 1869

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamster

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe Dealer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Ernest Palmer - 695 W. Mulberry St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ Insp. & Inq. _____ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Christington Williams

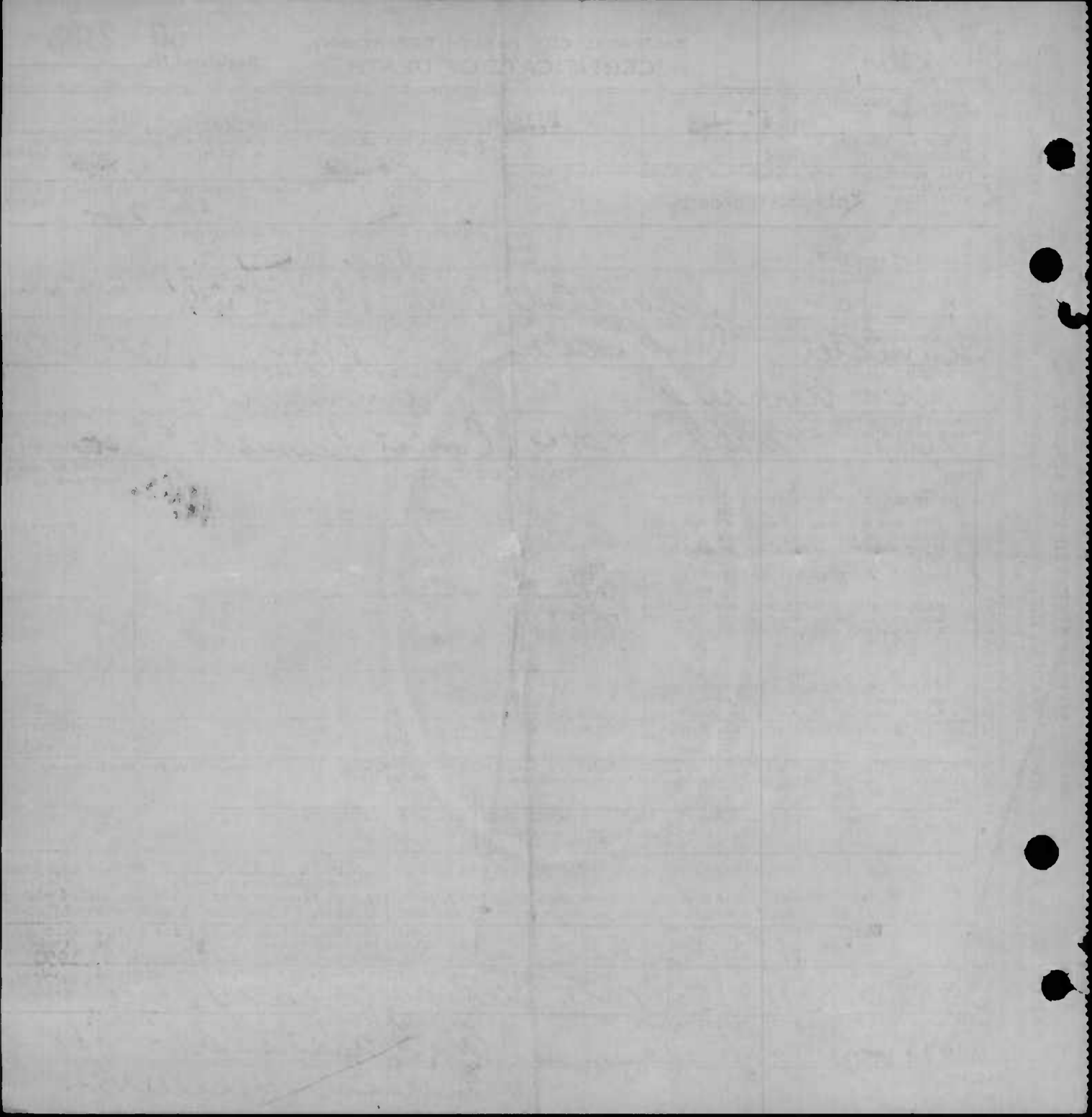
25. FUNERAL DIRECTOR

A. Halstead

ADDRESS

918 -

MARGIN RESERVED FOR BINDING
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2186
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Whitridge</i>			2. DATE OF DEATH <i>March 10, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>11-02</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>Belvedere Hotel Balto 2</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 9, 1865</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Broker</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Brokerage</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Jahn A Whitridge</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Henderson</i> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or nokoowo)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Self</i>		
			ADDRESS <i>Baltimore</i>		

18. <i>470.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Stab pneumonia, stage 4th</i>	<i>1 day</i>
ANTECEDENT CAUSES	(B) <i>arteriosclerotic heart disease</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>old anterior myocardial infarction</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Mr. F. Cox 3rd, M.D.</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>3/10/50</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>3-10-1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREENMOUNT</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1950</i>	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>H.W. JENKINS & SONS</i>	
		ADDRESS <i>4905 YORK RD.</i>	

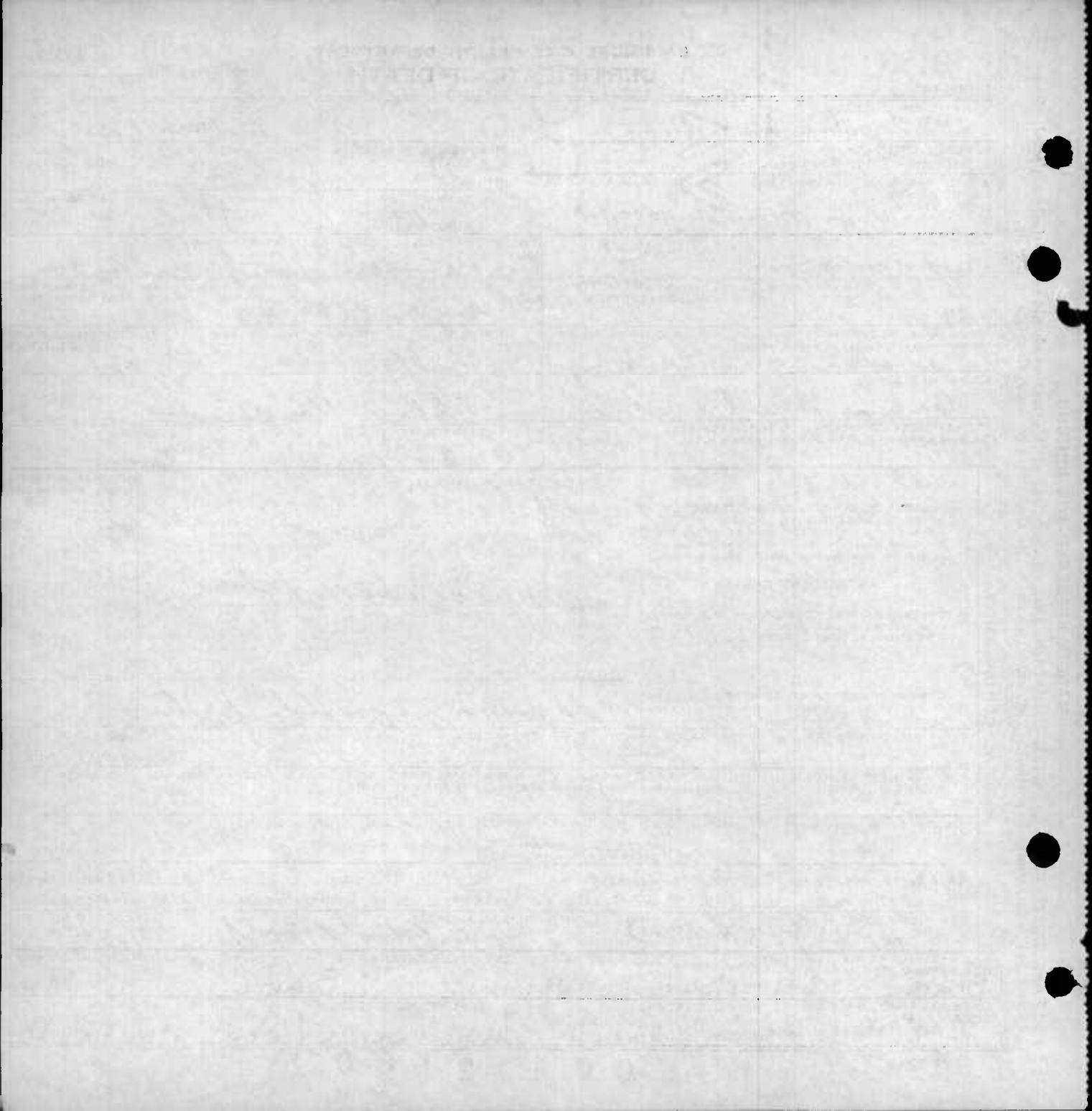
VS 150

1 9 5 0 0 0 0 2 1 8 0

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-425
50 2187BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2187

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SOPHIE WILKENS		2. DATE OF DEATH March 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01 D. STREET ADDRESS (If rural, give location) 153 N. Exeter Street	
5. SEX female		6. COLOR OR RACE colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH Sept. 12, 1881	
9. AGE (In years last birthday) 68		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Lexington Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Levi Ramsey 153 N. Exeter st	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency DUE TO arteriosclerotic cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE [Signature]	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 9, 1950
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24A. BURIAL, CREMATION (Specify) Burial	24B. DATE #/II/1950	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
---	---------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Elroy O. Wilson 1000 Brantly Ave	ADDRESS
--	-----------------------------------	---	---------

VS 151 15500002187 93D ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2188

K-252
50 2188

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
STANISLAWA KUCHCINSKI		March 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2020 Portugal Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
c. Length of stay in Baltimore 60		D. STREET ADDRESS (If rural, give location) 2020 Portugal Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 14, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Julian Pawlowski		14. MOTHER'S MAIDEN NAME Anna Nowak	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. ---	
17. INFORMANT		ADDRESS Joseph Kuchcinski, 2020 Portugal Street	

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 15 1950 to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 2579 Eastern Ave.		23C. DATE SIGNED 3/10/50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 13, 1950		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, town or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS M.F. Sadowski & Sons, 1808 Eastern Avenue			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2189
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm J. Sheridan

2. DATE
OF
DEATH

3/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2855 Cheston Field Ave

4. USUAL RESIDENCE (Where deceased lived in institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2855 Cheston Field Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April - 23 - 98

9. AGE (In years last birthday)

51

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none NEVER WORKED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James A. Sheridan

14. MOTHER'S MAIDEN NAME

Catherine Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

World #1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Alfred Sheridan - 3018 G. Bonell St

18. *353.2*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Status epilepticus*

DUE TO *Organic brain disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: *natural causes* ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

3/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Balto

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Leely Zeeh - 403 S. W. 4th St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Kate Gruenner*2. DATE
OF
DEATH*3-8-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

105 S. Wolfe St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*105 S. Wolfe St*Yrs.
Mos.
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. md

D. STREET ADDRESS (If rural, give location)

*105 S. Wolfe St**2-01*

c. Length of stay in Baltimore

65

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

B. DATE OF BIRTH

*12-22-84*C. AGE (In years,
last birthday)*65*D. Under 1 Year
Months: DaysE. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*Home*

11. BIRTHPLACE (State or foreign country)

*Germany*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
*Anna M. Deems - 105 S. Wolfe St*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cardiac failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Ch. Coronary Disease**Acute Pulmonary Edema*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/23*, 19*50*, to *3/8*, 19*50*, that I last saw the
deceased alive on *3/8*, 19*50*, and that death occurred at *7:42* p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

M. D.

23B. ADDRESS

204 E. Biddle St

23C. DATE SIGNED

*3/8/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

H. & E. Redemon

24D. LOCATION (City, town, or county)

Belair Rd. Balt. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 11 1950*

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Seligsohn

ADDRESS

403 S. Wolfe St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 2191**

BIRTH NO. **400 2191**

1. NAME OF DECEASED (Type or Print) Walter Calvert Hull			2. DATE OF DEATH March 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hecht Bros.-Howard & Franklin			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Rural		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 424 Hopkins Rd.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 5, 1906	9. AGE (In years last birthday) 44	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager			10b. KIND OF BUSINESS OR INDUSTRY Furniture Store		
13. FATHER'S NAME Walter S. Hull			14. MOTHER'S MAIDEN NAME Edith German		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Walter S. Hull - 607 Chumleigh Rd.			ADDRESS		

18. E916.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia due to carbon monoxide poisoning DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hecht. Bros. Howard & Franklin Sts.		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY March 10, 1950 9 A. m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Inhalation of smoke - building afire		
22. I certify that I took charge of the remains described above, held an Insp. & Inc. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE RBF Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23c. DATE SIGNED March 10, 1950		

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/50	24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24d. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE Wm. J. Tickner & Sons	25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
		ADDRESS Balto., Md.	

N-968.0 12482193

180

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Cause of Death		Manner of Death	
Occupation		Residence	
Age at Death		Sex	
Color		Religion	
Marital Status		Signature of Physician	
Signature of Registrar		Signature of Coroner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2192

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA BACON LEIGHT

2. DATE
OF
DEATH

3-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Home for the
Blind of MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3020 Greenmount Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-25-'82

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edgar C.

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Dayhart

same

18. 960X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthonia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Diabetes Mellitus

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3-8, 1950, to 3-10, 1950, that I last saw the
deceased alive on 3-10, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23. SIGNATURE

Hm. P. Benson, Jr.

M. O.

23B. ADDRESS

Women's Home.

23C. DATE SIGNED

3-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24D. LOCATION (City, town, or county)

Waverly, Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS 105121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2193
Registered No.

1. NAME OF DECEASED (Type or Print) William Gregory			2. DATE OF DEATH 3-7-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY Y-43		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alexandria		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 2, 1879	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKN - WA			11. BIRTHPLACE (State or foreign country) New Jersey		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Henry Gregory			14. MOTHER'S MAIDEN NAME Kate Hoffner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records - B.C.H. - 4940 Eastern Ave.			ADDRESS		
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO PURULENT (B) Chronic Bronchitis DUE TO BRONCHOPNEUMONIC CARCINOMA (C) Pulmonary Emphysema INTERVAL BETWEEN ONSET AND DEATH (over)					
19. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-9-1946 to 3-7-1950 , that I last saw the deceased alive on 3-7-1950 , and that death occurred at 4:30P.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. J. O'Brien M. D.			23B. ADDRESS B.C.H. - 4940 Eastern Ave.		23C. DATE SIGNED 3-9-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 3-11-50	24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) Balto. City	
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul	

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47c

See CORRECTIVE LETTER

DOCUMENT FILE 50-2193

9-14-50

20

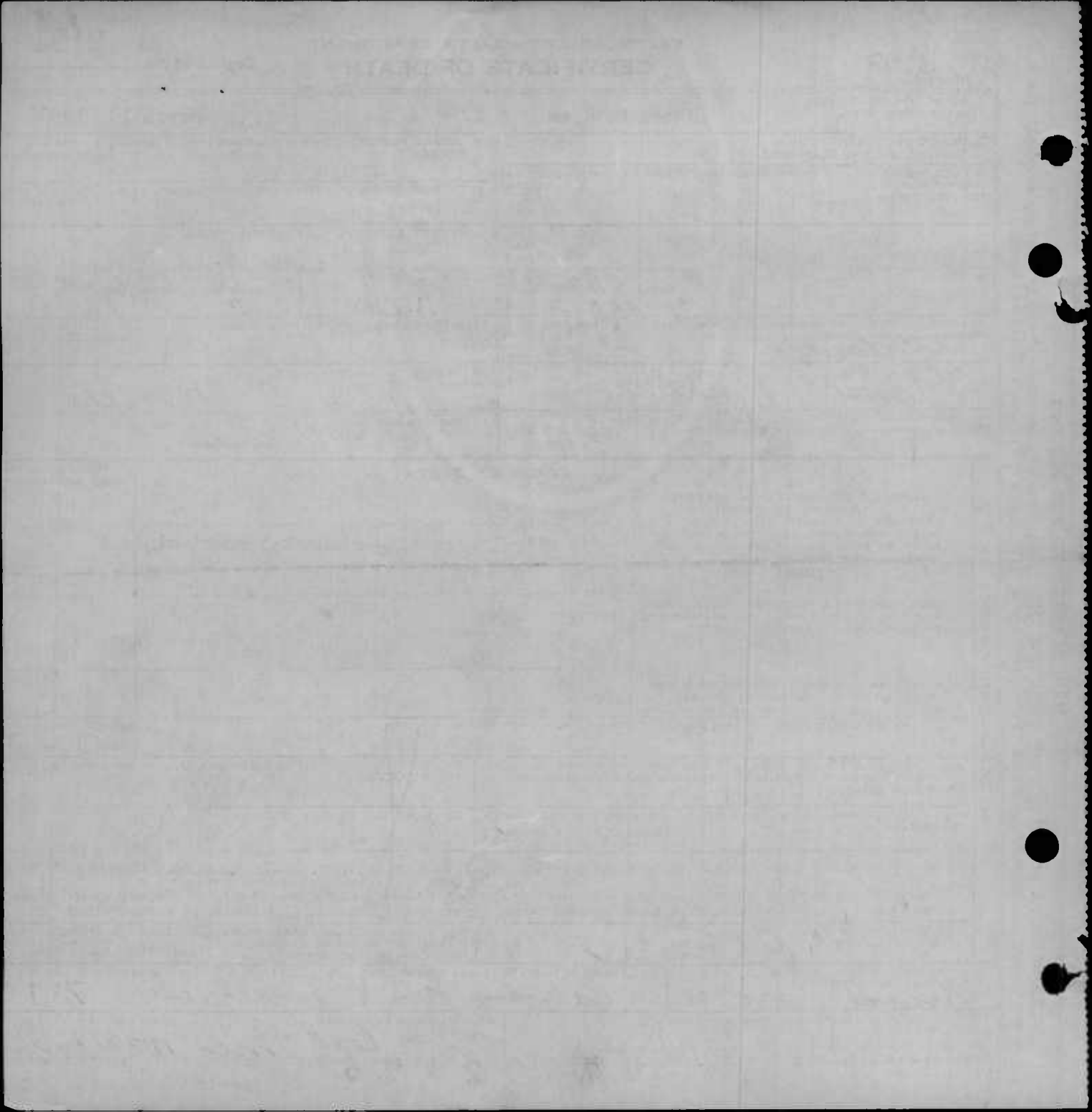
20050-85

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2194
Registered No.

BIRTH NO. 50 2194		1. NAME OF DECEASED (Type or Print) James Ratigan (RHATICAN)		2. DATE OF DEATH March 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		D. STREET ADDRESS (If rural, give location) 1810 St. Paul St.	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 8/12/1902		9. AGE (In years last birthday) 47	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME James Rhatican		14. MOTHER'S MAIDEN NAME Mary A. Keefe		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT James Rhatican	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Acute pulmonary edema mitral stenosis—rheumatic heart disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inc. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 11, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3-11-50		24C. NAME OF CEMETERY OR CREMATORY Calvary N.Y.	
24D. LOCATION (City, town, or county) (State) Sagreville N.Y.		24E. FUNERAL DIRECTOR Wm Cook Inc		24F. ADDRESS 1217 St Paul St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE T. J. Williams		VS 151	

71071 2196

92c



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2195

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Harriett Reed			2. DATE OF DEATH March 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 545 Robert St (Home)			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore city		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home 545 Robert Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore city 14-03		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 545 Robert St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 1883	9. AGE (in years last birthday) 66	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S. 17
13. FATHER'S NAME James Curry			14. MOTHER'S MAIDEN NAME Lizzie Dean		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Medical History, Johns Hop Kins Hosp.		

18. 260 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia - Diabetes		INTERVAL BETWEEN ONSET AND DEATH 6 Months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension & Kimmelsteil Wilson Syndrome		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) no injury		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **August**, 19**49** to **October**, 19**49** that I last saw the deceased alive on **October**, 19**49**, and that death occurred at **10 A m.**, from the causes and on the date stated above.

23A. SIGNATURE John M. Burnett	M. D. _____	23B. ADDRESS Johns Hopkins Hospital	23C. DATE SIGNED March 8, 1950
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 11, 1950	24C. NAME OF CEMETERY OR CREMATORY Adventum Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950	REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wallard Funeral Home 1651 N. Main St. Kill Bn.

VS 150

1 9 5 0 0 0 2 1 9 7

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Syndrome

Wilson's = progressive Lenticular degeneration

Kimmelstiel's

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-110
50 2196
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2196
Registered No.

1. NAME OF DECEASED (Type or Print) OR LIZZIE ELIZABETH MAY UPHOFF			2. DATE OF DEATH MARCH 10 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1905 E FAIRMOUNT AVE			C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) BALTIMORE 6-04		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 1905 E FAIRMOUNT AVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 1 1868	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BALTIMORE
13. FATHER'S NAME PATRICK REILLY			14. MOTHER'S MAIDEN NAME ELIZABETH ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookoo) NO			16. SOCIAL SECURITY NO. NO NE		
17. INFORMANT FRANK UPHOFF 1905 E FAIRMOUNT AVE			ADDRESS		
18. 794X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Suddenly (A) _____ DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/9 1950 , to 3/10 1950 , that I last saw the deceased alive on 3/9 1950 , and that death occurred at 1230 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS 1400 E Balto V		23C. DATE SIGNED 3/10/50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAR 13, 1950	24C. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.		24D. LOCATION (City, town, or county) (State) EASTERN AVE RD MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR [Signature] ADDRESS 1800 E LOMBARD ST	

DR JULIUS H GOODMAN
3400 E BALTIMORE ST.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 2197**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Martin J. Reilly

2. DATE OF DEATH

March 10, 1950

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD** B. COUNTY

 B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

 D. STREET ADDRESS (If not in hospital or institution, give street address or location)
31st & St Paul St

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9-25-75

9. AGE (In years last birthday)

74

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESIDENT

10B. KIND OF BUSINESS OR INDUSTRY

FIDELITY STORAGE CO.

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(?)

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

-

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

 18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Pulmonary embolism**
5 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **Arteriosclerotic heart disease**
2 yrs

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **3/6**, 19**50**, to **3/10**, 19**50**, that I last saw the deceased alive on **3/10**, 19**50**, and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph King M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

3-13-50 Burial

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL -

24D. LOCATION (City, town, or county)

CITY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WIEDEFELD & SON

ADDRESS

VS 150

1-0050 15632 GREENMOUNT AVE & 22ND ST. 931

CHANDLER CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Coroner		12. Name of Registrar	
13. Name of Hospital		14. Name of Cemetery		15. Name of Burial Place		16. Name of Interment	
17. Name of Funeral Home		18. Name of Funeral Home		19. Name of Funeral Home		20. Name of Funeral Home	
21. Name of Funeral Home		22. Name of Funeral Home		23. Name of Funeral Home		24. Name of Funeral Home	
25. Name of Funeral Home		26. Name of Funeral Home		27. Name of Funeral Home		28. Name of Funeral Home	
29. Name of Funeral Home		30. Name of Funeral Home		31. Name of Funeral Home		32. Name of Funeral Home	
33. Name of Funeral Home		34. Name of Funeral Home		35. Name of Funeral Home		36. Name of Funeral Home	
37. Name of Funeral Home		38. Name of Funeral Home		39. Name of Funeral Home		40. Name of Funeral Home	
41. Name of Funeral Home		42. Name of Funeral Home		43. Name of Funeral Home		44. Name of Funeral Home	
45. Name of Funeral Home		46. Name of Funeral Home		47. Name of Funeral Home		48. Name of Funeral Home	
49. Name of Funeral Home		50. Name of Funeral Home		51. Name of Funeral Home		52. Name of Funeral Home	
53. Name of Funeral Home		54. Name of Funeral Home		55. Name of Funeral Home		56. Name of Funeral Home	
57. Name of Funeral Home		58. Name of Funeral Home		59. Name of Funeral Home		60. Name of Funeral Home	
61. Name of Funeral Home		62. Name of Funeral Home		63. Name of Funeral Home		64. Name of Funeral Home	
65. Name of Funeral Home		66. Name of Funeral Home		67. Name of Funeral Home		68. Name of Funeral Home	
69. Name of Funeral Home		70. Name of Funeral Home		71. Name of Funeral Home		72. Name of Funeral Home	
73. Name of Funeral Home		74. Name of Funeral Home		75. Name of Funeral Home		76. Name of Funeral Home	
77. Name of Funeral Home		78. Name of Funeral Home		79. Name of Funeral Home		80. Name of Funeral Home	
81. Name of Funeral Home		82. Name of Funeral Home		83. Name of Funeral Home		84. Name of Funeral Home	
85. Name of Funeral Home		86. Name of Funeral Home		87. Name of Funeral Home		88. Name of Funeral Home	
89. Name of Funeral Home		90. Name of Funeral Home		91. Name of Funeral Home		92. Name of Funeral Home	
93. Name of Funeral Home		94. Name of Funeral Home		95. Name of Funeral Home		96. Name of Funeral Home	
97. Name of Funeral Home		98. Name of Funeral Home		99. Name of Funeral Home		100. Name of Funeral Home	

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 50 2198
 Registered No.

BIRTH NO. 50 2198

1. NAME OF DECEASED (Type or Print) SAMUEL H. ZIEGLER			2. DATE OF DEATH March 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 729 Bartlett Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1879 9-16-1879	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10B. KIND OF BUSINESS OR INDUSTRY MD. PENITENTIARY		
13. FATHER'S NAME MATHIAS ZIEGLER			14. MOTHER'S MAIDEN NAME (?)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. E976.X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot injury of the head DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 729 Bartlett Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 8, 1950 3.30 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms		
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... M.D.		
23C. DATE SIGNED March 9, 1950				

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-11-50	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) city
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>	25. FUNERAL DIRECTOR WIEDEFELD & SON
VS 151		ADDRESS	

N-853.4 310 982 2000 GREENMOUNT AVE & 22ND 164c ✓

CHAS. F. Z.
HAYWARDS FERRY
& NURSERY RD.
LINTHICUM HEIGHTS, MD

(2)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2199**J-250
50 2199
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEROY JACKSON		2. DATE OF DEATH March 10, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01	
c. Length of stay in Baltimore 5 Days		d. STREET ADDRESS (If rural, give location) 1203 Central Avenue	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Penna.	
13. FATHER'S NAME Thomas Jackson		14. MOTHER'S MAIDEN NAME Mary Dubose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Benjamin Dubose 1203 N. Central Av	

18. E 981.X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of heart DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1203 Central Avenue
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? firearms
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23a. SIGNATURE <i>[Signature]</i>	23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23c. DATE SIGNED March 10, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-50	24c. NAME OF CEMETERY OR CREMATORY Philadelphia, Penna.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS (Mrs) Frances A. Hemsley 578 W. Biddle St.

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

I, the undersigned, a duly qualified ...

do hereby certify that ...

... died at ...

... at the age of ...

... years, ...

... months, ...

... days, ...

... hours, ...

... minutes, ...

... seconds, ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

... and ...

... of ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

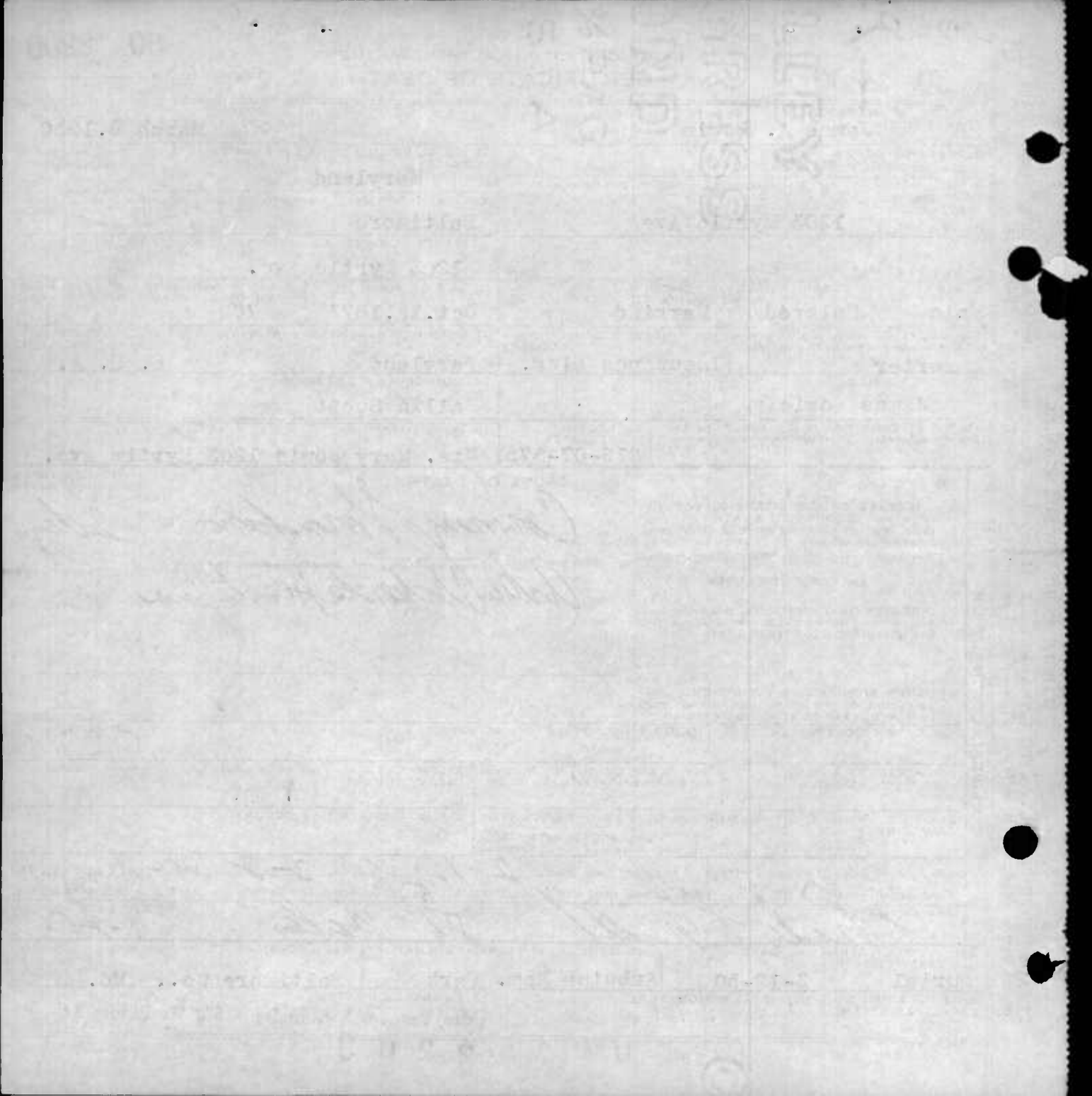
Registered No.

50 2200

BIRTH NO. 50 2200

1. NAME OF DECEASED (Type or Print) James A. Bowie			2. DATE OF DEATH March 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1203 Myrtle Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1203 Myrtle Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1873	9. AGE (in years - last birthday) 76	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Insurance Bldg.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Bowie			14. MOTHER'S MAIDEN NAME Sallie Scott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-07-8751	17. INFORMANT ADDRESS Mrs. Mary Bowie 1203 Myrtle Ave.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO			CAUSE OF DEATH 2 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerotic Heart Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-15, 1950 to 3-8, 1950 , that I last saw the deceased alive on 3-8, 1950 and that death occurred at 5 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles T. Wadsworth M. D.		23B. ADDRESS 811 Harlem		23C. DATE SIGNED 3-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-12-50	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950	REGISTRAR'S SIGNATURE Washington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS (Mrs) Frances A. Hemsley 578 W. Biddle St.			



C-200
50 2201CERTIFICATE CORRECTED 3-22-50
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2201

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) ROBERT		2. DATE OF DEATH March 3, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		
C. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Sep)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Lucy Wilton		ADDRESS 802 W. Lexington St

18. E. 981X		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Gunshot wound of chest	
ANTECEDENT CAUSES		DUE TO with	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Acute cardiac tamponade	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Public Restaurant		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 12 1/2 N. Poppleton Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 3, 1950 9:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE J. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 3-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-11-1950	24C. NAME OF CEMETERY OR CREMATORY Balto. Mount	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
REGISTRAR'S SIGNATURE Investigator Williams		ADDRESS Schroeder	

VS 151 N-862-4 1950 0988 925 202 166

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

atlas

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2202
Registered No. _____50 2202
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mary E. Harris</i>			2. DATE OF DEATH <i>Mar 8-1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2416 Brentwood ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-03</i>		
c. Length of stay in Baltimore <i>40 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2416 Brentwood ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr-4-1897</i>		9. AGE (In years last birthday) <i>52-53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Cable Hamlette</i>			14. MOTHER'S MAIDEN NAME <i>Annie Barnes</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>Samuel Harris 2416 Brentwood ave</i>		

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Organic Heart Disease</i> <i>advanced pulmonary tuberculosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>History indefinite</i> <i>over</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) _____ DUE TO _____ (C) _____		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 2, 1950</i> , to <i>March 8, 1950</i> , that I last saw the deceased alive on <i>March 5, 1950</i> , and that death occurred at <i>7:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Garland Russell</i>		23B. ADDRESS <i>1534 Druid Hill Ave</i>		23C. DATE SIGNED <i>Mar 10, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-11-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT Calvary Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. FUNERAL DIRECTOR <i>Rayner Sanders</i>		24F. ADDRESS <i>142 E. Preston St</i>	

01001-65

Letter in document file. 50-2202 5/2/50.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Irene A. Lane

2. DATE
OF
DEATH

3-9-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

3318 Ravenwood Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City 8-01

D. STREET ADDRESS (If rural, give location)

3318 Ravenwood Ave.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

3-21-1894

9. AGE (in years last birthday)

55-8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Lewis

14. MOTHER'S MAIDEN NAME

Margaret A. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Murtle Krausky Wash. D.C.

18. *592*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Unemia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Glomerulonephritis

7 yr.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 10*, 19*47*, to *Mar. 9*, 19*50*, that I last saw the deceased on *3/9*, 19*50*, and that death occurred at *8 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Ernest Levi. M.D.

23B. ADDRESS

1601 N. Wolfe St.

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-13-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Ernest Levi. M.D.

25. FUNERAL DIRECTOR

Fleming & Fleming 14 N. Light St.

ADDRESS

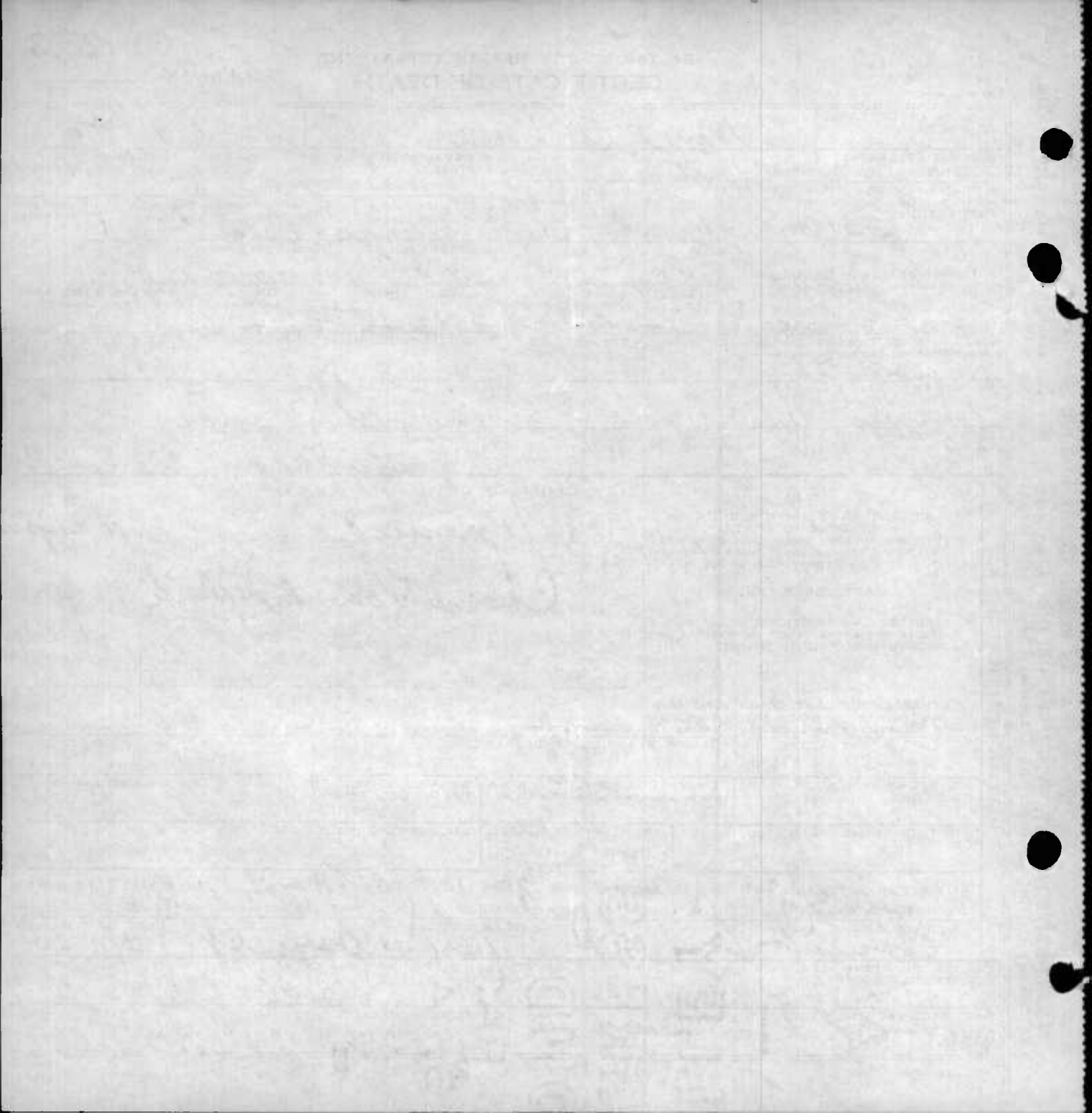
VS 150

19500002205

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2204
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE VANDERMAST			2. DATE OF DEATH March 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Pine Ridge Nursing Home INSTITUTION 4706 Hampnett Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore 80 yrs.			D. STREET ADDRESS (If rural, give location) 2813 Halcyon Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 3, 1862	9. AGE (in years last birthday) 87	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tavern owner		10B. KIND OF BUSINESS OR INDUSTRY retired 15 yrs.	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Adolph P. Vandermast			14. MOTHER'S MAIDEN NAME Antonia Koke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. V. A. Lindner, 2009 E. 31st St. Balto.		

18. 197X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO soft tissue			INTERVAL BETWEEN ONSET AND DEATH 6 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cancer, left shoulder and apex of upper lobe of left lung DUE TO of upper lobe of left lung			2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility DUE TO Senility			over
19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) no	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 4 to March 10, 1950 , to March 10, 1950 , that I last saw the deceased alive on March 7, 1950 , and that death occurred at 3:00 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE L. L. Gordy, M.D.		23B. ADDRESS 5106 Bayford Road	23C. DATE SIGNED 3-10-50
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE Mar. 13, 1950	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1950	REGISTRAR'S SIGNATURE Amington Williams, M.D.	25. FUNERAL DIRECTOR Lynch Funeral Home	
VS 150		ADDRESS 7401 Belair Rd.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

MEDICAL CERTIFICATION

55E

Letter in document file 50-2204-5/4/50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

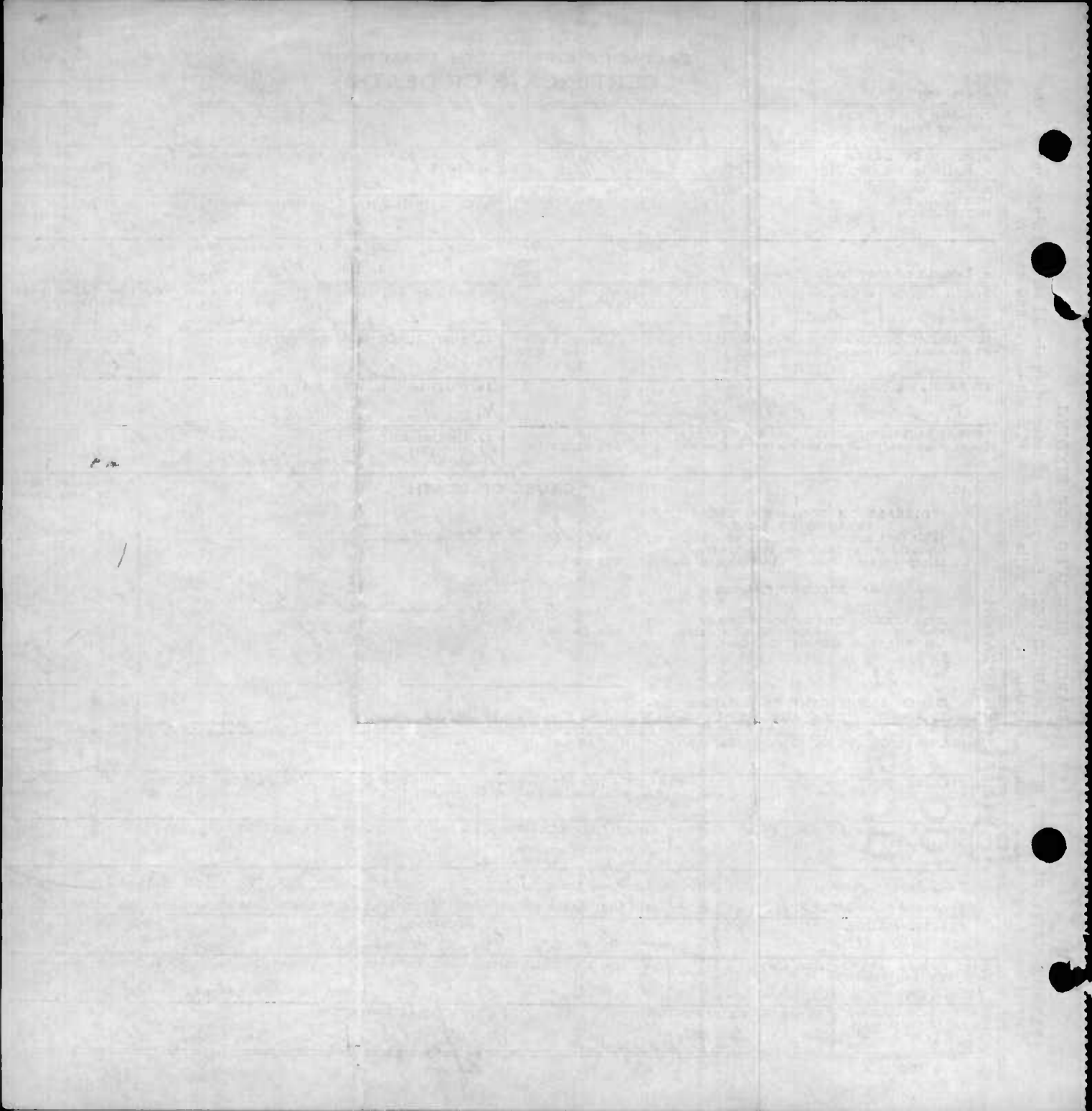
Dorsey
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2205

Registered No. _____

D-620
50 2205

1. NAME OF DECEASED (Type or Print) <u>Thomas R. Dorsey</u>			2. DATE OF DEATH <u>3/9/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary H. sp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-01</u>		
c. Length of stay in Baltimore <u>70</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1520 Bolton St</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 21, 1867</u>	9. AGE (In years last birthday) <u>82</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Nicholas G. N. Dorsey</u>			14. MOTHER'S MAIDEN NAME <u>Margeline Adams</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Miss E. M. Dorsey</u>			ADDRESS <u>1422 Bolton St.</u>		
18. <u>455</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Starvation</u> DUE TO <u>Long term</u> <u>bad diet</u> <u>right foot</u> DUE TO <u>Starvation</u> DUE TO <u>Starvation</u>			CAUSE OF DEATH <u>Starvation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 months</u>		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>115</u> , 19 <u>60</u> , to <u>3/9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>50</u> , and that death occurred at <u>5</u> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <u>C. B. Richard</u>		23B. ADDRESS <u>Maryland Hospital</u>		23C. DATE SIGNED <u>3/9/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/13/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>MART 11 1950</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		25. FUNERAL DIRECTOR <u>W. H. Marks and Son</u>	
ADDRESS <u>2207</u>		ADDRESS <u>845 N. Calvert St.</u>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2206
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Gould West

2. DATE
OF
DEATH

March 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

306 E. 28th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

306 E. 28th St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5 - 18 - 1900

9. AGE (In years
last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Wallace Gould

14. MOTHER'S MAIDEN NAME

Emma Dunsford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eugene G. West, Sr. 306 E. 28th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Myocardial

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Rheumatoid arthritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1949, to March 9, 1950, that I last saw the
deceased alive on March 8, 1950, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2314 W. North Ave.

23C. DATE SIGNED

3 - 11 - 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3 - 13 - 50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. Needles

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc., 1900 Eutaw Pl.

MAR 11 1950

VS 150

Dr. Needles - 10.30 AM, 3-13-50

93c

CERTIFICATE OF DEATH

DATE OF DEATH

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF BURIAL PLACE

SIGNATURE OF DECEASED

DATE OF DEATH

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF BURIAL PLACE

SIGNATURE OF DECEASED

DATE OF DEATH

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF BURIAL PLACE

01 - 2 - 10

01 - 2 - 10

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2207
Registered No.59 2207
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah L. Love		2. DATE OF DEATH March 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2520 Greenmount Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Southern Hos. & Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 7 years		D. STREET ADDRESS (If rural, give location) 2520 Greenmount Ave.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Dec. 18, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME G. Holmes		14. MOTHER'S MAIDEN NAME Frances Lullerlob	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Records Southern Home 2520 Greenmount Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio Sclerosis		CAUSE OF DEATH Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH several years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Old Age		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 1, 1950 , to 3-10 , 1950 that I last saw the deceased alive on 3-9 , 1950, and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. C. Blake		23B. ADDRESS Med. Arts Bldg.		23C. DATE SIGNED 3-11-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/13/50		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR John Whitehall		ADDRESS 1900 Eutaw Place	

MAR 11 1950

VS 150

1 4 5 0 0 0 2 2 0 9

93D

CERTIFICATE OF DEATH

Name of Deceased

John J. Doe

Date of Birth

1900

Age

20 years

Sex

Male

Color

White

Height

5 feet 10 inches

Weight

150 pounds

Place of Birth

Illinois

Usual Residence

Chicago, Illinois

Place of Death

Chicago, Illinois

Cause of Death

Heart Disease

Medical Attendant

John J. Doe

Physician

John J. Doe

Funeral Home

John J. Doe

Interment

John J. Doe

Signature

John J. Doe

Date

1920

Witness

John J. Doe

L-524

50 2208

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2208
Registered No. _____

1. NAME OF DECEASED (Type or Print) THOMAS EDWARD LONGLEY		2. DATE OF DEATH Mar. 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4509 Kathland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 28-02	
D. STREET ADDRESS (If rural, give location) 4509 Kathland Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 16, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) collector		10B. KIND OF BUSINESS OR INDUSTRY Water Company	9. AGE (In years last birthday) 84
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joshua Longley		14. MOTHER'S MAIDEN NAME Elizabeth Owings	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mr. E. R. Longley		ADDRESS 4509 Kathland Ave.	

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Primary carcinoma of Prostate Gland		INTERVAL BETWEEN ONSET AND DEATH 6 months.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic Heart Disease		
19A. DATE OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct. 14, 1949 , to March 10, 1950 , that I last saw the deceased alive on March 8, 1950 , and that death occurred at 3:45 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Earl L. Chambers		23B. ADDRESS 4108 Liberty Hts C.
23C. DATE SIGNED 3/10/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/13/50	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.
24D. LOCATION (City, town, or county) Woodlawn, Md.		
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.

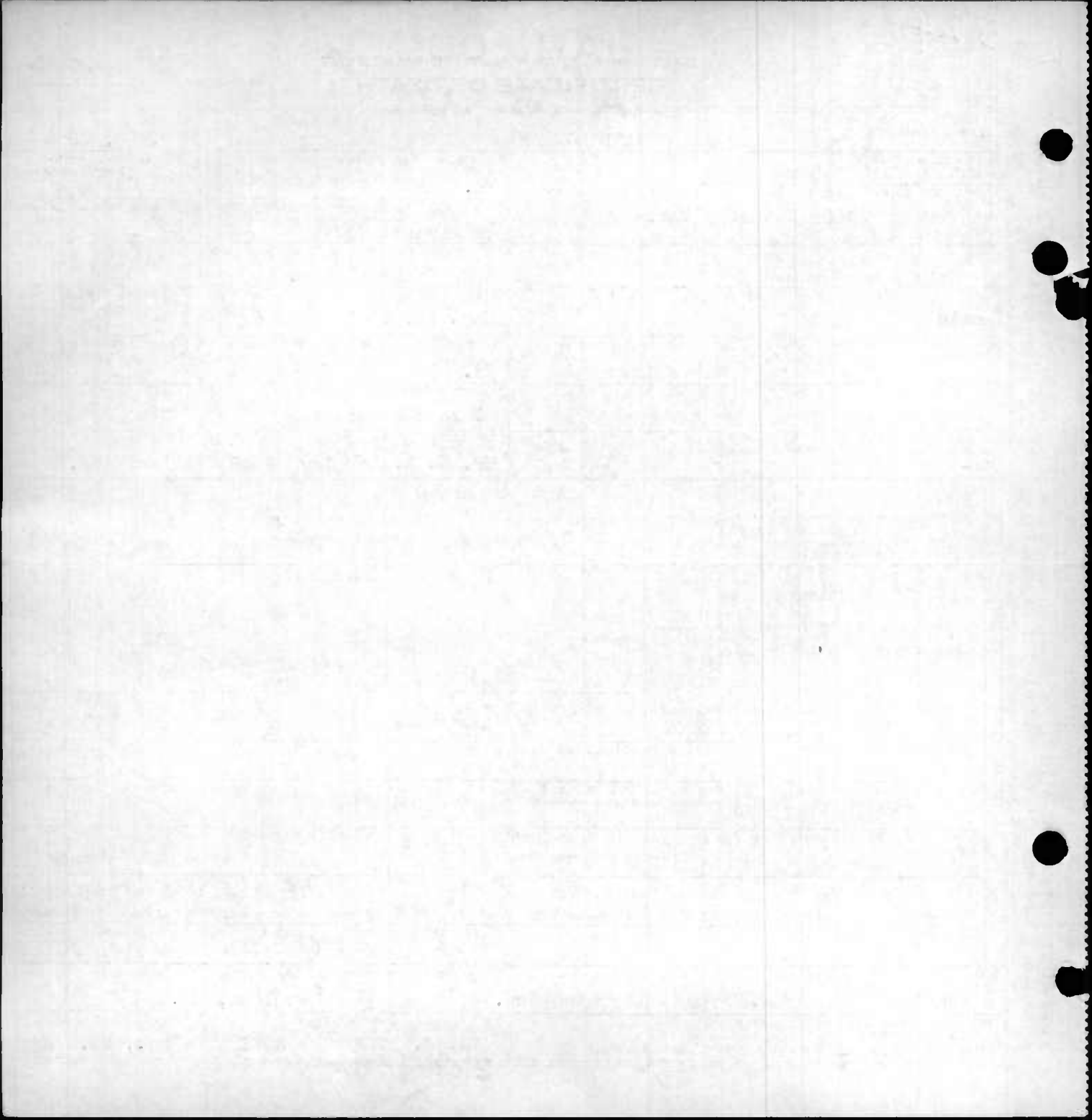
VS 150

2210

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2209

Registered No.

50 2209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Ingliss

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

6937 Reisterstown Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-18-04

9. AGE (In years
last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Addressing Co.

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. F. Ingliss

14. MOTHER'S MAIDEN NAME

Matildia Dobber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, on or between) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

090-03-9372

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...
DUE TO

CAUSE OF DEATH

Carcinoma Left Lung
with metastasesINTERVAL BETWEEN
ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

October 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma left lung with extension

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9 1950, to 3/10 1950, that I last saw the deceased alive on 3/10 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob C. Handelsman

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/12/50

24C. NAME OF CEMETERY OR CREMATORY

St. Michaels Cem.

24D. LOCATION (City, town, or county)

New York, N. Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS INC. Balto. Md.

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2210

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Willie Jones</i>			2. DATE OF DEATH <i>March 9, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>		
c. Length of stay in Baltimore <i>24 Yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1932 E. Eager St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 19th 1902</i>		9. AGE (In years last birthday) <i>47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Chester S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Jess Conwell</i>			14. MOTHER'S MAIDEN NAME <i>Unkown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

MEDICAL CERTIFICATION

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Nephrosclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive C-V Disease</i>		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>3-7</i> , 1950, to <i>3-9</i> , 1950, that I last saw the deceased alive on <i>3-7</i> , 1950, and that death occurred at <i>7:30 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>David Dickens</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-10-50</i>	
24A. BURIAL, CREMATION, TOWAL (Specify) <i>Burial</i>		24B. DATE <i>3/12th/1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Chester S.C.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Chester S.C.</i>	

DATE RECEIVED BY REGISTRAR <i>MAR 11 1950</i>		REGISTRAR'S SIGNATURE <i>William M. Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Elroy O. Wilson 1000 Brantly Ave</i>	
VS 150 <i>109500002212</i> <i>131a</i>					

STATE OF NEW YORK
IN SENATE
January 10, 1911.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1911.

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1911.

ALBANY: J. B. LIPPINCOTT & CO. PRINTERS. 1911.

ALBANY: J. B. LIPPINCOTT & CO. PRINTERS. 1911.

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ALBANY: J. B. LIPPINCOTT & CO. PRINTERS. 1911.

ALBANY: J. B. LIPPINCOTT & CO. PRINTERS. 1911.

MS-156258 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2211

50 2211

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Janie Cunningham

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1206 N. Central Ave. Zone 2

c. Length of stay in Baltimore

7 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 25, 1884

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Carrington

14. MOTHER'S MAIDEN NAME

Caroline Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) H A S C V D

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-1950, to 3-9-1950, that I last saw the
deceased alive on 3-9-1950, and that death occurred at 12:35AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B.C.H.--4940 Eastern Ave.

3-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

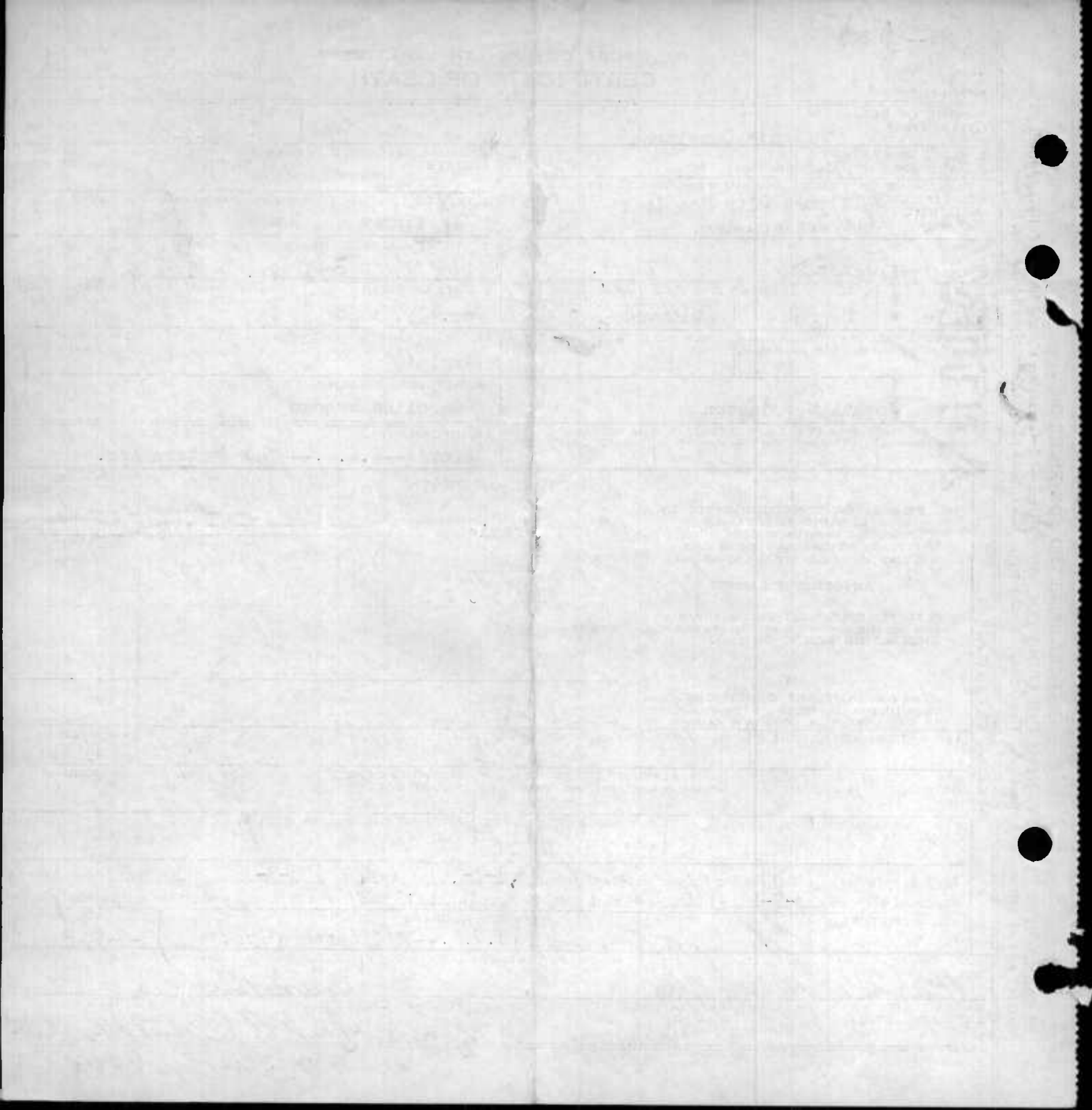
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND ST. AMAND

2. DATE
OF
DEATH

Mar. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)U S Marine Hospital
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Owings Mills, Maryland (Rural)

D. STREET ADDRESS (If rural, give location)

--- Walnut & Park Hts Ave

c. Length of stay in Baltimore

8 Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

Apr. 20, 1904

9. AGE (In years
last birthday)

45

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10b. KIND OF BUSINESS OR
INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Napoleon St. Amand

14. MOTHER'S MAIDEN NAME

Dorothy M. Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-- Unk

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Baltimore, Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CIRRHOSIS OF LIVER

DUE TO

unknown

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE OLD
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Mar. 10, 1950, that I last saw the
deceased alive on Mar. 10, 1950, and that death occurred at 9:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

John L. Wilson, Medical Director M. D.

US Marine Hospital, Balto., Md. 3/11/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1950

4605122

124B

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Registrar		10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Informant	
13. Date of Registration		14. Place of Registration		15. District		16. Sub-District	
17. Registrar's Office		18. Medical Officer's Office		19. Coroner's Office		20. Informant's Office	
21. Registrar's Signature		22. Medical Officer's Signature		23. Coroner's Signature		24. Informant's Signature	
25. Registrar's Stamp		26. Medical Officer's Stamp		27. Coroner's Stamp		28. Informant's Stamp	
29. Registrar's Address		30. Medical Officer's Address		31. Coroner's Address		32. Informant's Address	
33. Registrar's Telephone		34. Medical Officer's Telephone		35. Coroner's Telephone		36. Informant's Telephone	
37. Registrar's Fax		38. Medical Officer's Fax		39. Coroner's Fax		40. Informant's Fax	
41. Registrar's Email		42. Medical Officer's Email		43. Coroner's Email		44. Informant's Email	
45. Registrar's Website		46. Medical Officer's Website		47. Coroner's Website		48. Informant's Website	
49. Registrar's Social Media		50. Medical Officer's Social Media		51. Coroner's Social Media		52. Informant's Social Media	
53. Registrar's Other		54. Medical Officer's Other		55. Coroner's Other		56. Informant's Other	
57. Registrar's Notes		58. Medical Officer's Notes		59. Coroner's Notes		60. Informant's Notes	
61. Registrar's Remarks		62. Medical Officer's Remarks		63. Coroner's Remarks		64. Informant's Remarks	
65. Registrar's Signature		66. Medical Officer's Signature		67. Coroner's Signature		68. Informant's Signature	
69. Registrar's Stamp		70. Medical Officer's Stamp		71. Coroner's Stamp		72. Informant's Stamp	
73. Registrar's Address		74. Medical Officer's Address		75. Coroner's Address		76. Informant's Address	
77. Registrar's Telephone		78. Medical Officer's Telephone		79. Coroner's Telephone		80. Informant's Telephone	
81. Registrar's Fax		82. Medical Officer's Fax		83. Coroner's Fax		84. Informant's Fax	
85. Registrar's Email		86. Medical Officer's Email		87. Coroner's Email		88. Informant's Email	
89. Registrar's Website		90. Medical Officer's Website		91. Coroner's Website		92. Informant's Website	
93. Registrar's Social Media		94. Medical Officer's Social Media		95. Coroner's Social Media		96. Informant's Social Media	
97. Registrar's Other		98. Medical Officer's Other		99. Coroner's Other		100. Informant's Other	

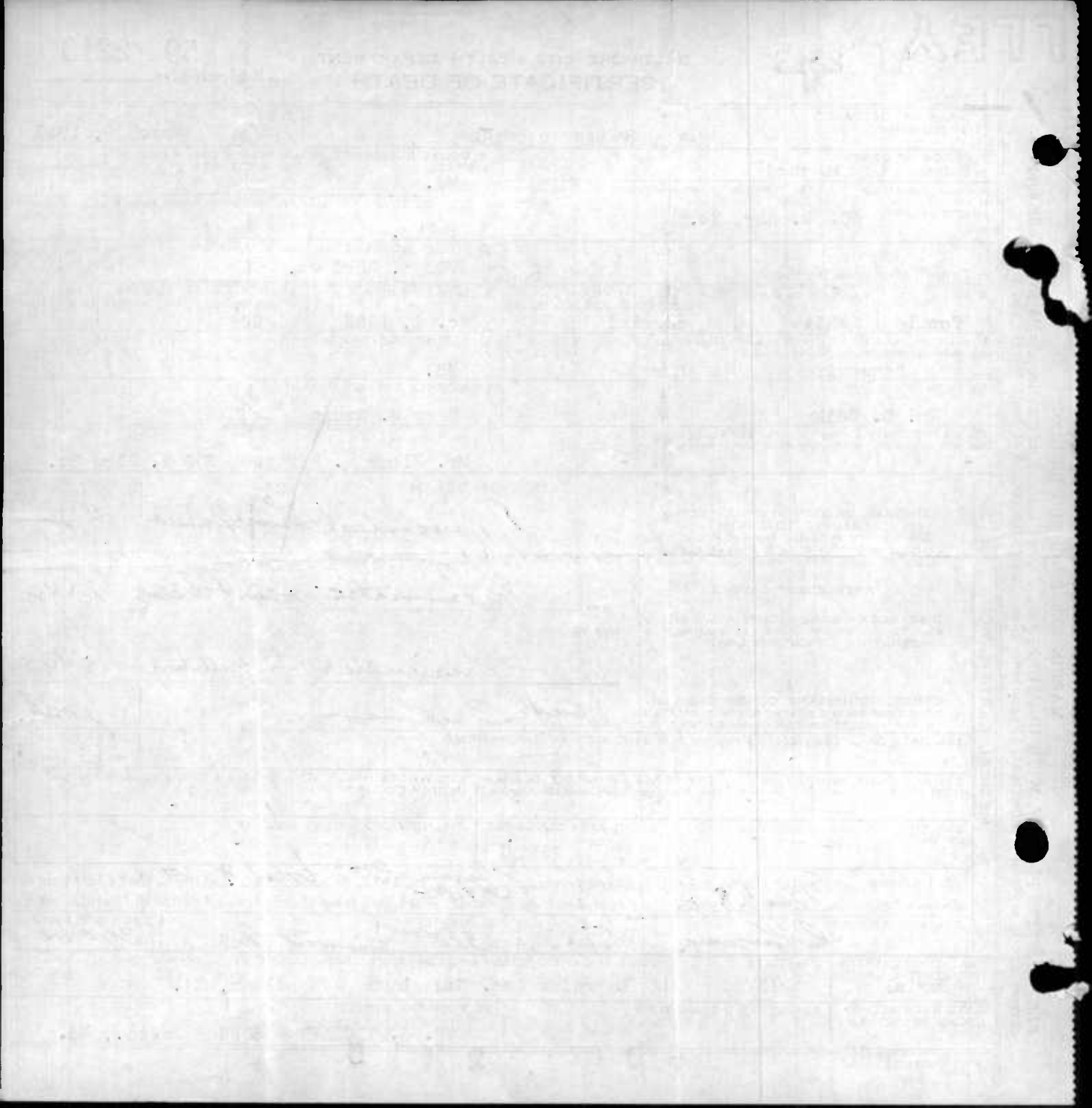
R-320
50 2213BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2213
Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH			
			MARGARET MARY RITTASE			March 9, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE			B. COUNTY			
703 E. 33rd St.			Md.						
C. CITY OR TOWN			D. STREET ADDRESS (If rural, give location)						
Balto.			703 E. 33rd St.						
c. Length of stay in Baltimore									
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH			9. AGE (In years last birthday)		10. Under 1 Year	11. Under 24 Hours
female	white	married	Dec. 1, 1893			56		Months: Days	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?
housewife			at home			Md.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
Wm. L. Weik			Mary M. Ament						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS			
						Mr. Elmer H. Rittase 703 E. 33rd St.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			(A) Myocardial Infarction						2 hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Rheumatic Heart disease						10 yrs
II			(C) Auricular Fibrillation						5 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Acute Influenza						1 week
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)			21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?			
			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, 19____, to March 9, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 5 a.m., from the causes and on the date stated above.									
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED			
Thomas White M.D.			3809 Fremont Ave			3/10/50			
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)
Burial			3/13/50			Lorraine Cem. Mausoleum			Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS			
			WM. J. TICKNER & SONS			Balto., Md.			

MARCH 12 1950

1950 0000 2213

93c



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452 CERTIFICATE CORRECTED 3-13-50

BALTIMORE CITY HEALTH DEPARTMENT

50 2214

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERBERT

COLLINS

2. DATE
OF
DEATH

March 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Ohio

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Creston

D. STREET ADDRESS (If rural, give location)

Box 372

C. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

6/11/1928

9. AGE (In years
last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Army

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL
SECURITY NO.
Unknown

17. INFORMANT

ADDRESS

U.S. Army Army Chem. Center Edgewood Md.

18.

E811.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
Crushing injury of the chest and
~~XXXX~~ abdomen with laceration of liver
and hemo-peritoneum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Street21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Greenmount & North Avenues

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 10, 1950 4:15 P

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and streetcar collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
3-10-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/12/1950

24C. NAME OF CEMETERY OR CREMATORY

Creston Ohio

24D. LOCATION (City, town, or county)

Creston Ohio

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc. 403 S. Wolfe St. Balto.

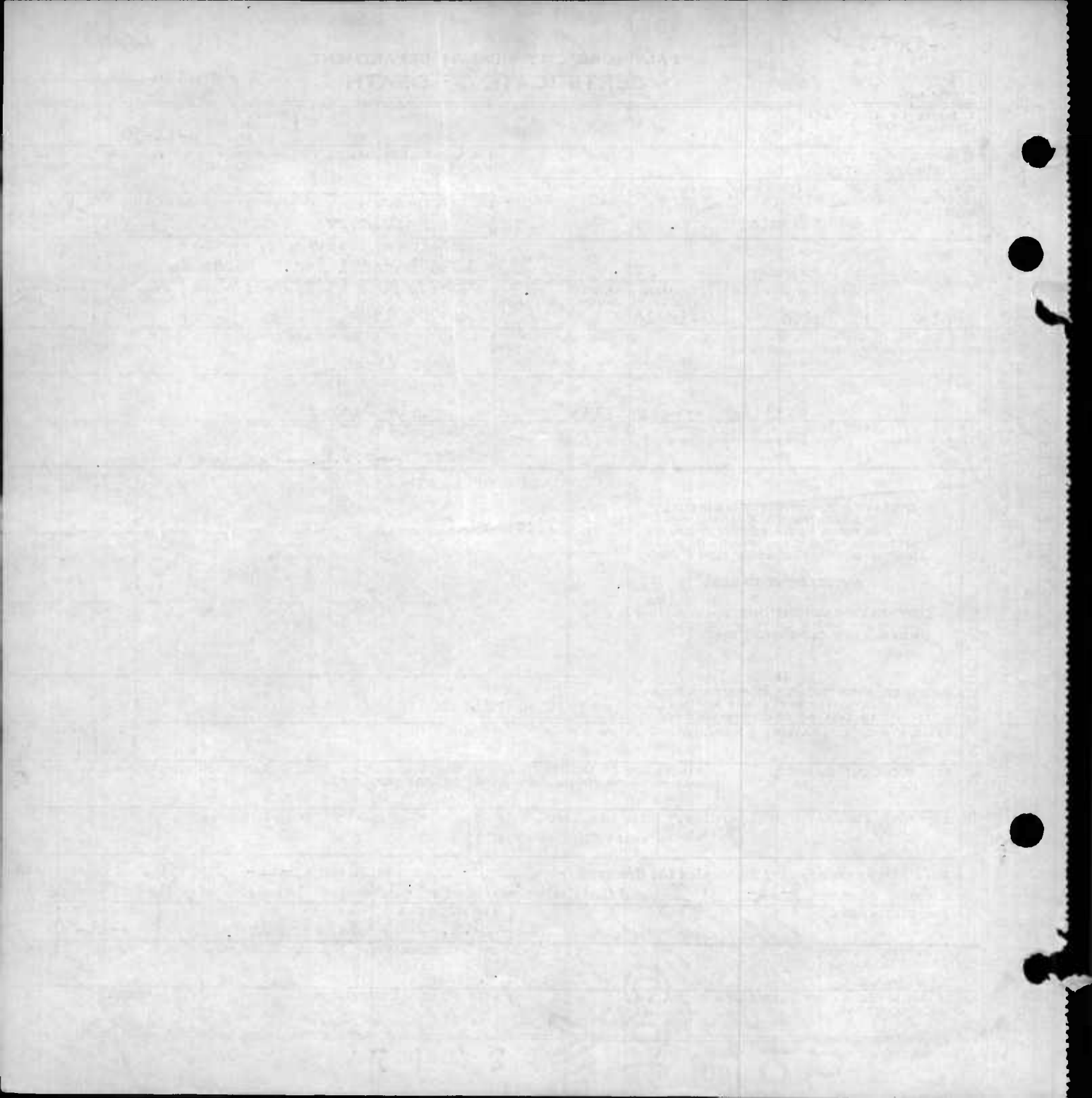
VS 151

N-862.250808962210

170B

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

MARRIAGE		DIVORCE		DEATH	
No.	Date	No.	Date	No.	Date
1	1912	2	1913	3	1914
4	1915	5	1916	6	1917
7	1918	8	1919	9	1920
10	1921	11	1922	12	1923
13	1924	14	1925	15	1926
16	1927	17	1928	18	1929
19	1930	20	1931	21	1932
22	1933	23	1934	24	1935
25	1936	26	1937	27	1938
28	1939	29	1940	30	1941
31	1942	32	1943	33	1944
34	1945	35	1946	36	1947
37	1948	38	1949	39	1950
40	1951	41	1952	42	1953
43	1954	44	1955	45	1956
46	1957	47	1958	48	1959
49	1960	50	1961	51	1962
52	1963	53	1964	54	1965
55	1966	56	1967	57	1968
58	1969	59	1970	60	1971
61	1972	62	1973	63	1974
64	1975	65	1976	66	1977
67	1978	68	1979	69	1980
70	1981	71	1982	72	1983
73	1984	74	1985	75	1986
76	1987	77	1988	78	1989
79	1990	80	1991	81	1992
82	1993	83	1994	84	1995
85	1996	86	1997	87	1998
88	1999	89	2000	90	2001
91	2002	92	2003	93	2004
94	2005	95	2006	96	2007
97	2008	98	2009	99	2010
100	2011	101	2012	102	2013
103	2014	104	2015	105	2016
106	2017	107	2018	108	2019
109	2020	110	2021	111	2022
112	2023	113	2024	114	2025
115	2026	116	2027	117	2028
118	2029	119	2030	120	2031
121	2032	122	2033	123	2034
124	2035	125	2036	126	2037
127	2038	128	2039	129	2040
130	2041	131	2042	132	2043
133	2044	134	2045	135	2046
136	2047	137	2048	138	2049
139	2050	140	2051	141	2052
142	2053	143	2054	144	2055
145	2056	146	2057	147	2058
148	2059	149	2060	150	2061
151	2062	152	2063	153	2064
154	2065	155	2066	156	2067
157	2068	158	2069	159	2070
160	2071	161	2072	162	2073
163	2074	164	2075	165	2076
166	2077	167	2078	168	2079
169	2080	170	2081	171	2082
172	2083	173	2084	174	2085
175	2086	176	2087	177	2088
178	2089	179	2090	180	2091
181	2092	182	2093	183	2094
184	2095	185	2096	186	2097
187	2098	188	2099	189	2100
190	2101	191	2102	192	2103
193	2104	194	2105	195	2106
196	2107	197	2108	198	2109
199	2110	200	2111	201	2112
202	2113	203	2114	204	2115
205	2116	206	2117	207	2118
208	2119	209	2120	210	2121
211	2122	212	2123	213	2124
214	2125	215	2126	216	2127
217	2128	218	2129	219	2130
220	2131	221	2132	222	2133
223	2134	224	2135	225	2136
226	2137	227	2138	228	2139
229	2140	230	2141	231	2142
232	2143	233	2144	234	2145
235	2146	236	2147	237	2148
238	2149	239	2150	240	2151
241	2152	242	2153	243	2154
244	2155	245	2156	246	2157
247	2158	248	2159	249	2160
250	2161	251	2162	252	2163
253	2164	254	2165	255	2166
256	2167	257	2168	258	2169
259	2170	260	2171	261	2172
262	2173	263	2174	264	2175
265	2176	266	2177	267	2178
268	2179	269	2180	270	2181
271	2182	272	2183	273	2184
274	2185	275	2186	276	2187
277	2188	278	2189	279	2190
280	2191	281	2192	282	2193
283	2194	284	2195	285	2196
286	2197	287	2198	288	2199
289	2200	290	2201	291	2202
292	2203	293	2204	294	2205
295	2206	296	2207	297	2208
298	2209	299	2210	300	2211
301	2212	302	2213	303	2214
304	2215	305	2216	306	2217
307	2218	308	2219	309	2220
310	2221	311	2222	312	2223
313	2224	314	2225	315	2226
316	2227	317	2228	318	2229
319	2230	320	2231	321	2232
322	2233	323	2234	324	2235
325	2236	326	2237	327	2238
328	2239	329	2240	330	2241
331	2242	332	2243	333	2244
334	2245	335	2246	336	2247
337	2248	338	2249	339	2250
340	2251	341	2252	342	2253
343	2254	344	2255	345	2256
346	2257	347	2258	348	2259
349	2260	350	2261	351	2262
352	2263	353	2264	354	2265
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373	2284	374	2285	375	2286
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523	2434	524	2435	525	2436
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538	2449	539	2450	540	2451
541	2452	542	2453	543	2454
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664	2575	665	2576	666	2577
667	2578	668	2579	669	2580
670	2581	671	2582	672	2583
673					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2216
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank W Jenkins

2. DATE
OF
DEATH

3-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/17/1897

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

3-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

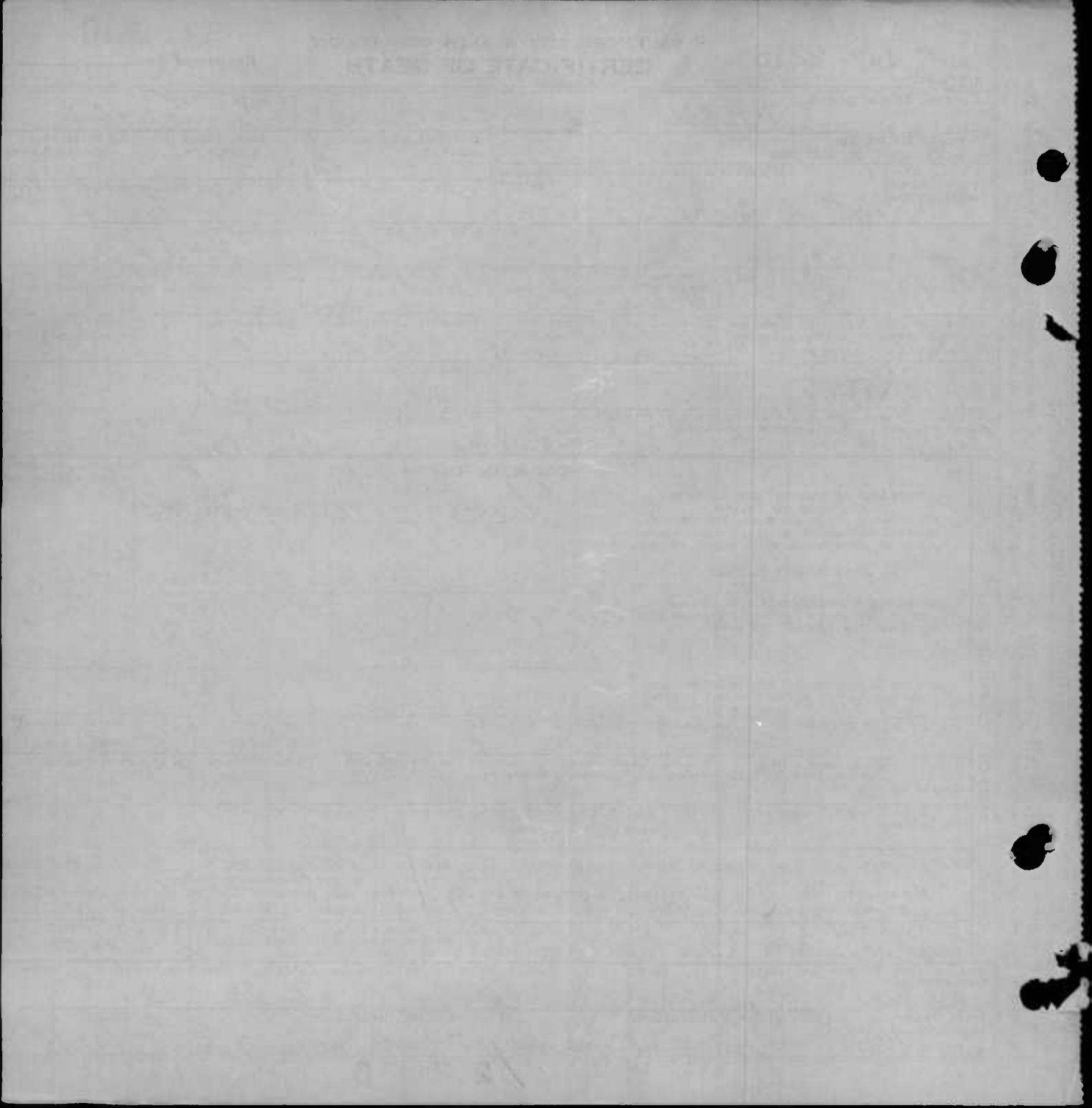
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



K-145

50 2217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2217

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Kaplan

2. DATE
OF
DEATH

3/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sunar

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-04

c. Length of stay in Baltimore

39

Yrs.

D. STREET ADDRESS (If rural, give location)

3415 Holmes Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-13-1887

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bondsmen

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lena Kaplan 3415 Holmes Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular tachycardia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7/1950, to 3/10/1950, that I last saw the deceased alive on 3/10/1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Baker

M. D.

23B. ADDRESS

Linnai Horg

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

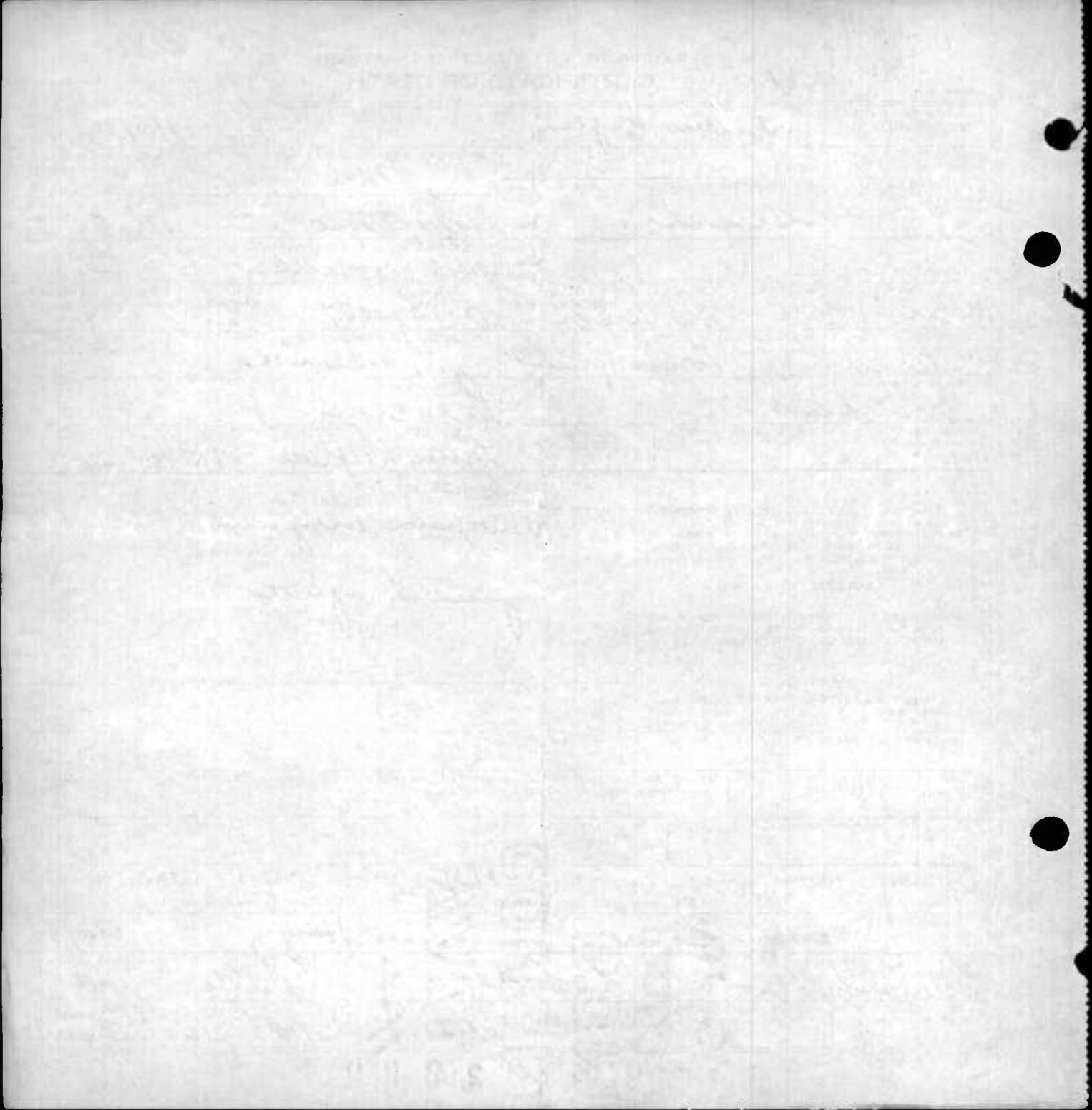
MAR 10 1950

1950/5/26 2217

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



G-426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2218
Registered No.

BIRTH NO. 50 2218

1. NAME OF DECEASED
(Type or Print)

LOUIS GRASER

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2476 Shirley Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt Carmel Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

40

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shoe maker

10B. KIND OF BUSINESS OR
INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hetta Michelson 542 Cordelia

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Anterior Sympathetic Cardio Vascular
Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5 1950, to 8/9 1950, that I last saw the
deceased alive on 3/8 1950, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum M.D.

23B. ADDRESS

1115 N. Calver St.

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-12-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Kervring Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Easton Pl

ADDRESS

AR 101950
VS 150

0 9 5 0 0 2 2 2 0

131a

For Blume
1115 No Calvert
New 4777

B-200

50 2219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2219
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Beck

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Edgewood Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 26-10

c. Length of stay in Baltimore

75 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3327 E. Monument Street

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

January 30, 1875

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Staff

14. MOTHER'S MAIDEN NAME

Catherine Rothhaupt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Louis Staff 92 Dun Kirk Road

18. 446 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

2 1/2 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHRONIC NEPHRITIS

DUE TO

1 YEAR

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ARTERIO SCLEROSIS

3 YRS.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☒ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from DEC 23, 1949, to MAR 4-11, 1950 at I last saw the
deceased alive on MAR 4-11, 1950 and that death occurred at 9:25 AM from the causes and on the date stated above.

23A. SIGNATURE

Shout D. J. J. M. D.

23B. ADDRESS

201 E. 11th 3327 St.

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Moulton's Memorial

24D. LOCATION (City, town, or county)

(State)

Taylor Avenue

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Frederick D. Miller, Inc 3019 E. Monument St

VS 152 1950

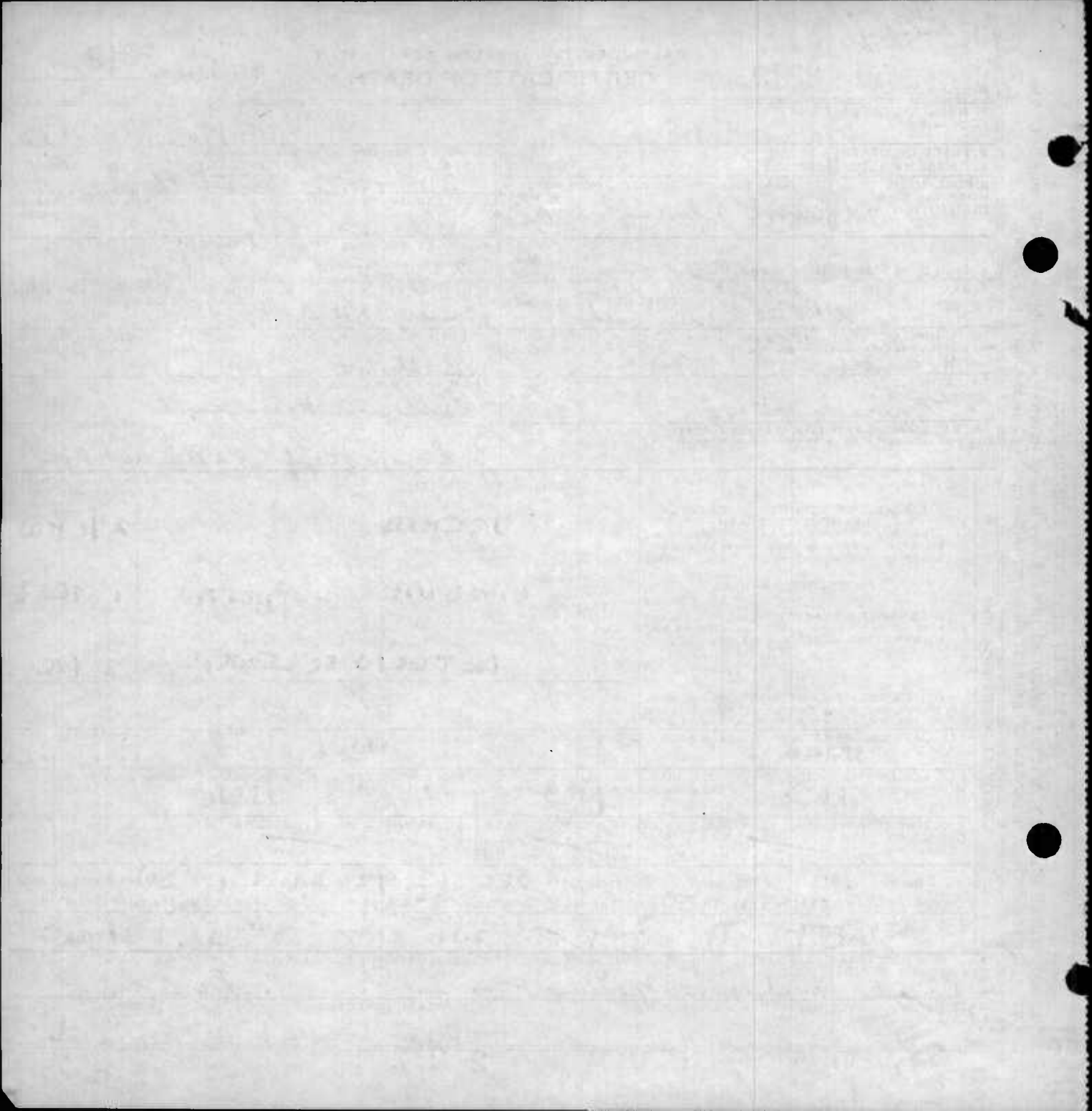
2 2 2 1

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



S-165
50 2220BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2220

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles P. Sparino

2. DATE
OF
DEATH

MAR 11 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-2-1950, to 3-11-1950, that I last saw the
deceased alive on 3-11-1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1950

1950 0000 2222

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Charles J. Johnson

Jan 16 1914

100 West 10th St

New York City

White

Male

Single

Occupation

Teacher

Residence

100 West 10th St

New York City

White

Male

Single

Occupation

Teacher

Residence

100 West 10th St

New York City

White

Male

M-200
NS-113119

50 2221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2221
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Herman Meeks		2. DATE OF DEATH 3-11-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-3			
c. Length of stay in Baltimore 21 yrs. Yrs. 21 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 115 Callender St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1909	9. AGE (In years last birthday) 40	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAKER		10B. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Harry Meeks		14. MOTHER'S MAIDEN NAME Anna Radtke			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 1978-1939 V15-14-5519		17. INFORMANT B.C.H. Records--4940 Eastern Ave.	
18. DOYX DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 1 CAUSE OF DEATH (A) Bronchial pneumonia--right lung DUE TO (B) Pulmonary edema (right lung) DUE TO (C) Hemorrhage over left apex II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary tbc left and right apices mediastinal shift to right.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 3-7-50		19B. MAJOR FINDINGS OF OPERATION 1st. Stage Thoracoplasty		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-18-47 , 19 47 , to Mar. 11, 1950 , that I last saw the deceased alive on Mar. 11, 1950 , and that death occurred at 12:45AM , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS B.C.H.--4940 Eastern Ave.		23C. DATE SIGNED 3-11-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/14/50		24C. NAME OF CEMETERY OR CREMATORY National Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR [Signature]			
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1950		REGISTRAR'S SIGNATURE [Signature]			

VS 150

15685

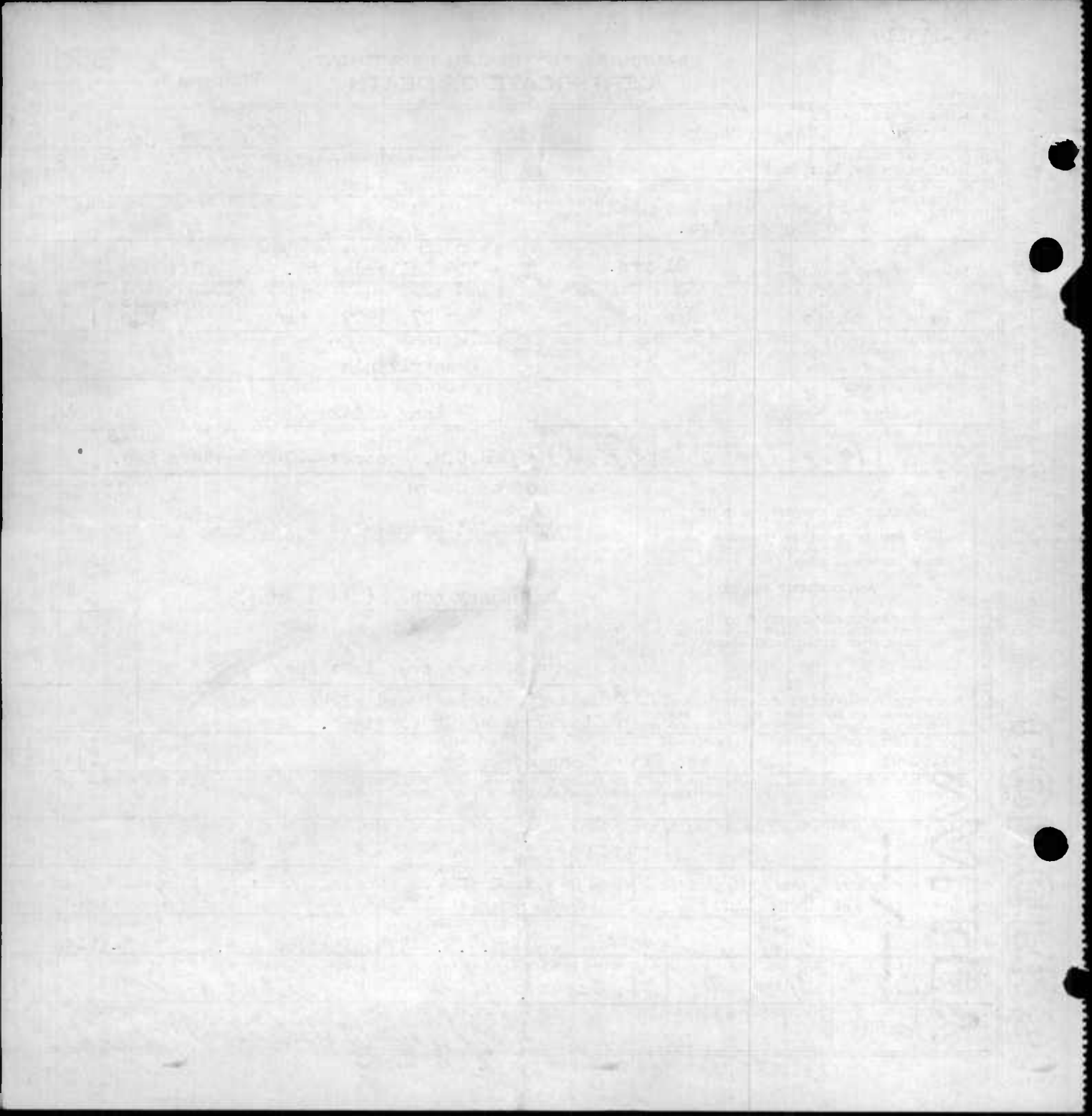
2225

130

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5-526

50 2222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2222

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geo. A. Shoemaker

2. DATE
OF
DEATH

3/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Md.

B. COUNTY
BaltimoreB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

West Baltimore Genl Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 25-43

c. Length of stay in Baltimore

56

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1946 Annapolis Ave. #30.

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 22, 1893

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman - W. Md. R.R.

10B. KIND OF BUSINESS OR
INDUSTRY

R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Shoemaker

14. MOTHER'S MAIDEN NAME

Roda M. Carthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine A. Shoemaker (Wife)

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Testicular tumor. not confirmed at
autopsy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/8/1950 to 3/10/1950, that I last saw the
deceased alive on 3/10/1950, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sara Eli. Bennett

M. D.

23B. ADDRESS

W. B. G. H.

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-14-50

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge Cem

24D. LOCATION (City, town, or county) (State)

Washington Blvd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1950

Edward Foulson 2359 Wash Blvd

VS 150

396 472 221 Baltimore Md 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-2222. 4/19/50.

W-4-10
50 2223BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2223
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY		2. DATE OF DEATH March 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore <i>Lifes</i>		D. STREET ADDRESS (If rural, give location) 2132 E. Federal Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH Aug 29 1910?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	9. AGE (In years last birthday) 39.
11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <i>Henry W Wolf</i>		14. MOTHER'S MAIDEN NAME <i>Theodosia Wolf Stewart</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. 317-05-2084	
17. INFORMANT <i>Allen Wolf</i>		ADDRESS <i>Balto Md</i>	

18. E972 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Asphyxiation DUE TO Carbon monoxide poisoning ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2132 E. Federal Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 9, 1950 (?) ? m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Four burners on stove on but unlit
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .		
23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 3-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE 3-13-50	24C. NAME OF CEMETERY OR CREMATORY <i>Lowdown Pk</i>	24D. LOCATION (City, town, or county) (State) <i>Frederick Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William M. Williams</i>	25. FUNERAL DIRECTOR <i>Edward Toulson</i>	
ADDRESS <i>2359 Wash Blvd</i>		ADDRESS <i>Balto Md</i>	

VS151

N-968

7807/2 2 2 5

163H

Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For statistical purposes only

Classify to suicide.

Do not copy this on any transcript

see Document File 2223

4-19-50

ES

R-300
50 2224

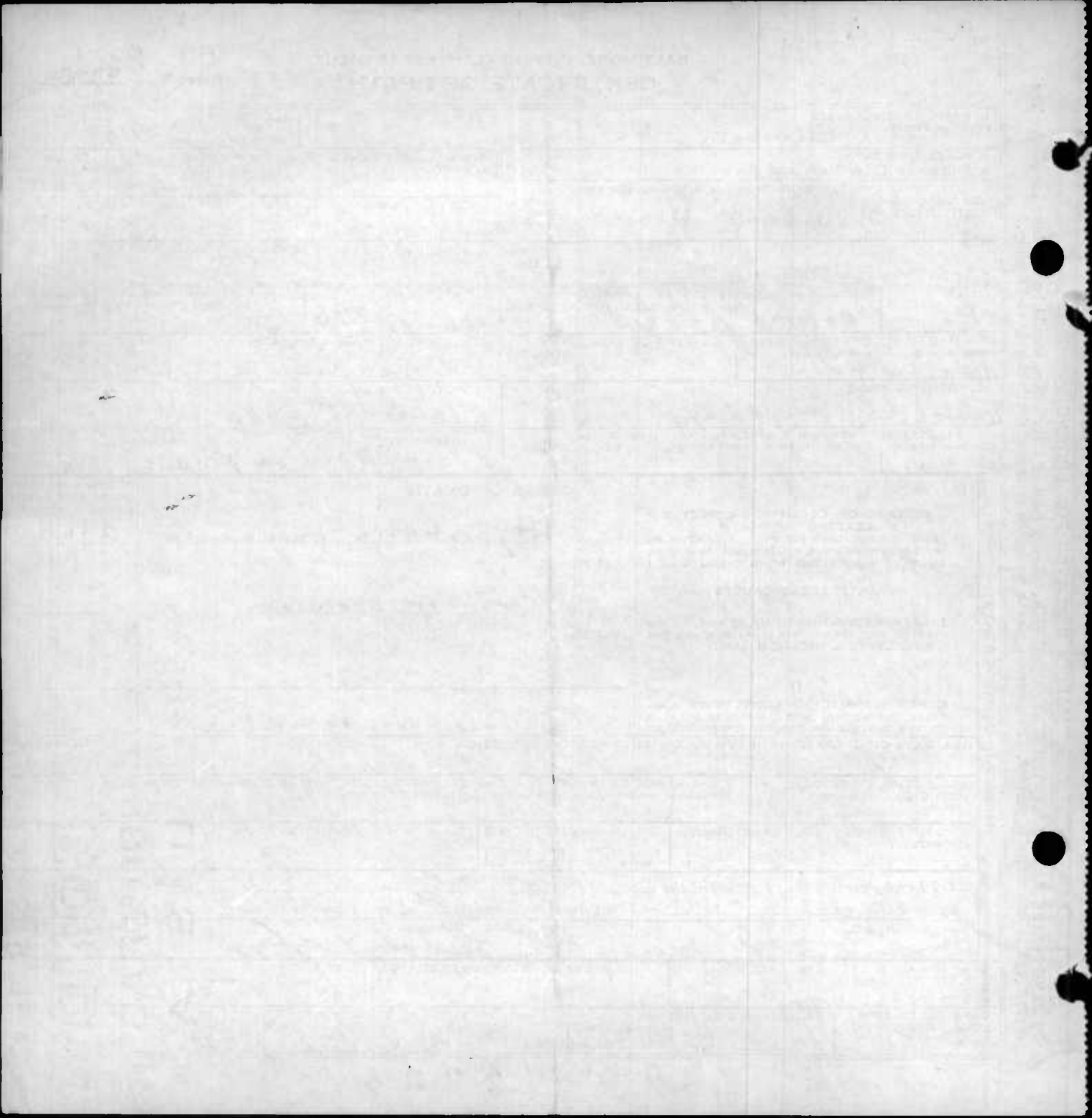
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 2224
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Elizabeth Reid		2. DATE OF DEATH 3-11-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NESSEPS 5200	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 28, 1893
9. AGE (In years last birthday) 56		10. CITIZEN OF WHAT COUNTRY? VA.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME EUGENE NUNNALLY		12. MOTHER'S MAIDEN NAME Adelaide TERRY	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. SOCIAL SECURITY NO.	
15. INFORMANT Edger Reid NESSEPS, Md		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral vascular accident			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-7-50 , 19 50 , to 3-11 , 19 50 , that I last saw the deceased alive on 3-11-50 , 19 50 , and that death occurred at 9:00 AM , from the causes and on the date stated above.			
23A. SIGNATURE James M. L...		23B. ADDRESS Provident Hosp.	
23C. DATE SIGNED Mar. 13, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24B. DATE 3-12-50	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) FORT MITCHELL, VA.
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph S. ... 1304 N. Central Ave	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2225

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Gacharia Washington Windsor*2. DATE
OF
DEATH*Mar-11-1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*2321 Rosedale Street**Maryland**Baltimore City**Baltimore City**15-47*

D. STREET ADDRESS (If rural, give location)

2321 Rosedale Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec-4-1886

9. AGE (In years

last birthday)

63

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired*10B. KIND OF BUSINESS OR
INDUSTRY*Sea-Food Dealer*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Henry Windsor

14. MOTHER'S MAIDEN NAME

*Cynthia Windsor*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No**No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Marie Evans (daughter) 2321 Rosedale*18. *443 X*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

Arteriosclerotic Hypertensive Cardio-vascular Disease

(B)

DUE TO

Acute Cardiac Decompensation & Pulmonary edema

(C)

INTERVAL BETWEEN
ONSET AND DEATH*years**3 hrs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan* 19*46*, to *11 March*, 19*50*, that I last saw the deceased alive on *11 March*, 19*50*, and that death occurred at *3:50* a. m., from the causes and on the date stated above.

23A. SIGNATURE

Lauriston L. Brown M.D.

23B. ADDRESS

1938 Linden Ave

23C. DATE SIGNED

*11 March 50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Mar-13-1950

24C. NAME OF CEMETERY OR CREMATORY

Deal Island Cemetery

24D. LOCATION (City, town, or county)

Princess Anna, Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mawen Co., 108 W. North Ave

B-252

50 2226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2226
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alexander Bushness		March 10/50	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
Cecil Sider T. H. Sider one for the aged		Baltimore 10-01		1200 Valley St	
c. Length of stay in Baltimore		8. DATE OF BIRTH		9. AGE (In years last birthday)	
m. n.		March 6, 1877		70	
5. SEX		6. COLOR OR RACE		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
m.		n.		B. KIND OF BUSINESS OR INDUSTRY	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
m.		1200 Valley St			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Bushness		Anastasia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				1200 Valley St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Edema Lungs		1 day	
ANTECEDENT CAUSES		(B) DUE TO		5 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Chronic Myocarditis			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from March 1-1950, to March 10-1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 1 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
E. G. Hall MD		1631 E. North Ave		March 11-1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Mar. 13/50		Holy Redeemer	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Rita W. Redfield		900 E. Biddle St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
MAR 12 1950		William Williams		Rita W. Redfield	
VS 150		22220		93D	

DEPARTMENT OF HEALTH

WALTER
GODFREY
BOND
LOCAL AG
M-F

F-263

50 2227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2227
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Fogarty

2. DATE
OF
DEATH

March 11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Home for the Aged

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1200 Valley St

10-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Bridget Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (Name and address)

1201 Valley St

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Edema Lungs

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Arteriosclerosis

10 yr

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to March 11, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21950

Huntington Williams, M.D.

Rita H. Redfield 900 E. Biddle St

VS 150

- 0 1 9 5 0 0 0 0 2 2 2 7

97

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY
CUMMINGS
BOND
U. S. F. I. A.

5-351

50 2228

STONEFIFOR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 2228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Cath. Stonefifer

2. DATE
OF
DEATH

March 11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONHillman & The Park
Home for the Aged

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

10-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

April 19, 1870

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Stonefifer

14. MOTHER'S MAIDEN NAME

Mary Ellen Stone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

1200 Valley St.

18. 421.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Edema Lungs

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Mitral Stenosis

8 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to March 11, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 14/50

24C. NAME OF CEMETERY OR CREMATORY

Westminster Park Westminster, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Rita V. Redfield 900 E. Broad St.

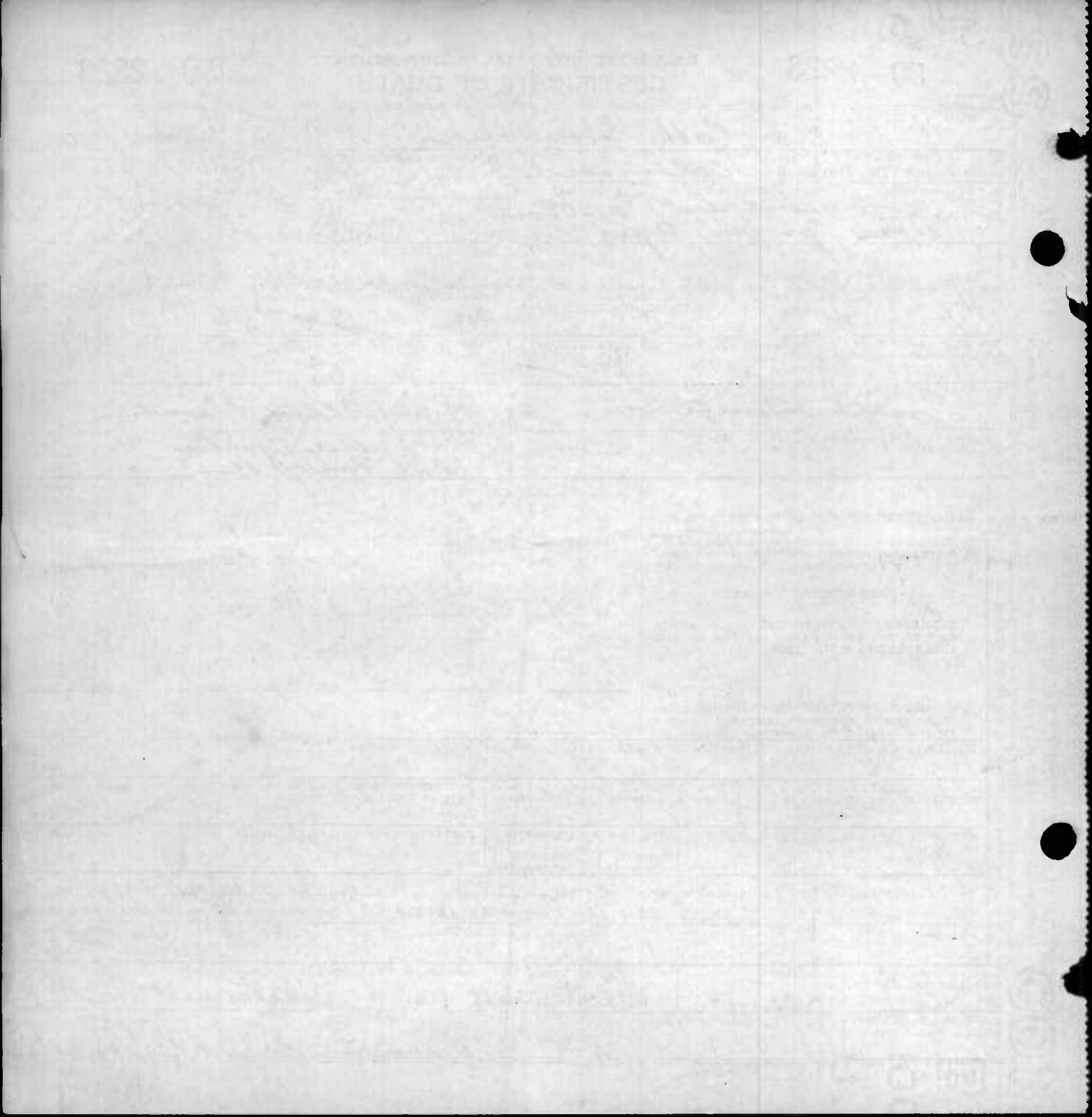
MAR 12 1950

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

9212



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2229

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Vincent Madrak Vincent Modrak*2. DATE
OF
DEATH*March 9 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2422 Foster ave*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*2422 Foster ave*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore**1-03*

c. Length of stay in Baltimore

*60 Day*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2422 Foster ave

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widower*

8. DATE OF BIRTH

*July 3 1865*9. AGE (In years
last birthday)*84 85*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired*10B. KIND OF BUSINESS OR
INDUSTRY*Has Electric Co.*

11. BIRTHPLACE (State or foreign country)

*Poland*12. CITIZEN OF
WHAT COUNTRY?*U.S. A.*

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

*unknown*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, so or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)*Hypertensive Cardiovascular Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.*Arteriosclerosis*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 19*49*, to *March 9*, 19*50*, that I last saw the
deceased alive on *3/9*, 19*50*, and that death occurred at *9:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

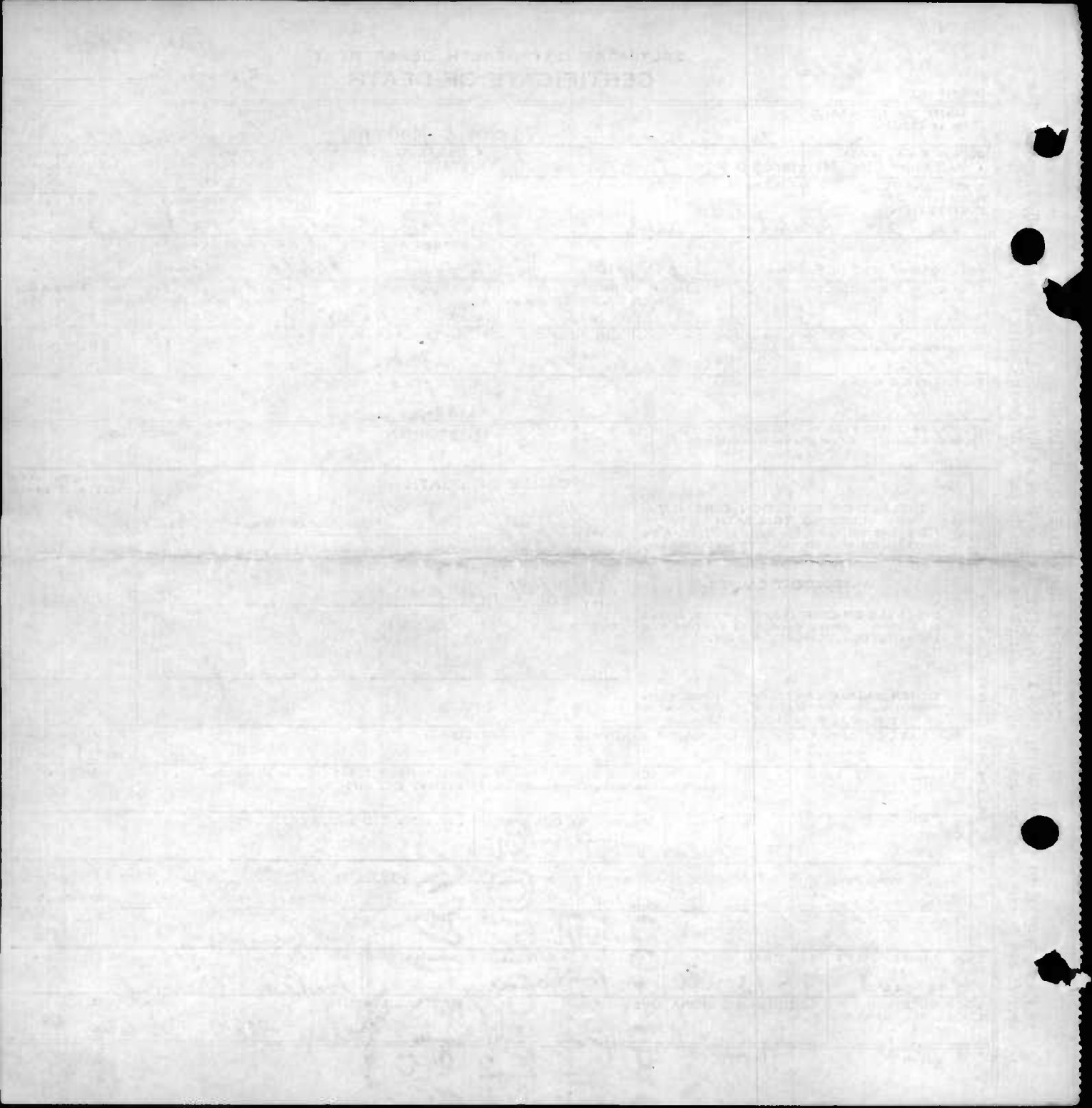
25. FUNERAL DIRECTOR

ADDRESS

*Mar 12 1950**William H. Williams**John H. Weber**401 S. Chester St.*

2231

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2230
Registered No. _____

BIRTH NO. 50 2230

1. NAME OF DECEASED (Type or Print) <i>Joseph Asbert Joseph Asbert</i>			2. DATE OF DEATH <i>March 8 1950</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>509 S. Curley St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Maryland</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>509 S. Curley Street</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-02</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>509 S. Curley Street</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 18 1880</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabinet Maker</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>SANDLER CO. FURNITURE (M)</i>		
11. BIRTHPLACE (State or foreign country) <i>Poland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Ignatius Asbert</i>			14. MOTHER'S MAIDEN NAME <i>Emilia Janowski</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>215-03-9355</i>		
17. INFORMANT <i>Mrs Clara Asbert</i>			ADDRESS <i>509 S. Curley St</i>		

18. *331X I* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *Cerebral Hemorrhage*
DUE TO *Chr. Arterio-sclerosis*

INTERVAL BETWEEN ONSET AND DEATH
Since 3-4-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION *0* 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-5-1950* to *3-8-1950* that I last saw the deceased alive on *3-8-1950*, and that death occurred at *7:55 A.m.*, from the causes and on the date stated above.

23a. SIGNATURE *H. J. Davidson* M. D. 23b. ADDRESS *3218 Eastern Ave* 23c. DATE SIGNED *3-10-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *3-13-50* 24c. NAME OF CEMETERY OR CREMATORY *St Stanislaus* 24d. LOCATION (City, town, or county) (State) *Balta City*

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. GENERAL DIRECTOR ADDRESS

John M. Weber 401 *83a*
3662 232

MAR 1 1950
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

n. j. Davidow

3218 Eastern anc

E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

152
50 2231BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2231

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Angelina Evans (Gigliotti)

2. DATE
OF
DEATH

3-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

SWAI Hospital

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

6-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2012 Orleans St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 23, 1924

9. AGE (In years,
last birthday)

25

10. Under 1 Year
Months: Days

3

18

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Gigliotti

14. MOTHER'S MAIDEN NAME

Josephine Aiello

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
219-10-1863

17. INFORMANT

ADDRESS

Josephine Gigliotti (Mother) 2018 Summit Av

18. 592 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

UREMIA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chr. Glom. Nephritis

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-8-50 to 2-10-50, that I last saw the
deceased alive on 2-10-50, and that death occurred at 12:50 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. H. H.

M. D.

23B. ADDRESS

SWAI Hosp.

23C. DATE SIGNED

3-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemet.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

J. H. H. H.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Noe 322 S. High St.

VS 150

19500002233

131B

(10-11-1941)

W. H. H. H. H.

W. H. H. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

P-324

50 2232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2232
Registered No.

1. NAME OF DECEASED (Type or Print) CATHERINE E. POETZEL			2. DATE OF DEATH March 8, 1950.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1008 S. Clinton St.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 100			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1008 S. Clinton St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 22, 1877	9. AGE (In years, last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY House-Work			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Francis J.H. Bocklage			14. MOTHER'S MAIDEN NAME Margaret A. Ortt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ---		16. SOCIAL SECURITY NO. ---	17. INFORMANT MARGARET TRAVERS 1008 S. CLINTON		
18. 4222 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident DUE TO ANTECEDENT CAUSES Myocardial Degeneration DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-14 , 19 49 to 3-9 , 19 50 , that I last saw the deceased alive on 3-6 , 19 50 , and that death occurred at 9:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward A. Thompson		23B. ADDRESS 3503 Fair Ave		23C. DATE SIGNED 3-11-50.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-13-50.		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) 4701 German Hill Rd. Balto., Co.		25. FUNERAL DIRECTOR ADDRESS Charles S. Seiler 901 S. Conkling St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950		VS 150 1 5 0 0 778 2 2 3 4			

93D

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

REPORT OF THE

COMMISSIONER OF PLANT INDUSTRY

1901

1902

1903

1904

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

R-263

50 2233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2233

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Ethel H. Richards</i>			2. DATE OF DEATH <i>Mar. 9-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>213 H. Rose St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 7-02</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>502 H. Milton Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April 15-1889</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <i>Nathan Eminizer</i>			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <i>Emma Daugherty</i>		
15. SOCIAL SECURITY NO.			16. INFORMANT <i>Rita Harrison</i>		
17. ADDRESS <i>213 H. Rose St.</i>			18. CAUSE OF DEATH <i>Cerebral embolus</i>		
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Antecedent causes</i>			20. INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>		
21. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumatic Heart Disease</i>			22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
23. DATE OF OPERATION <i>0</i>			24. MAJOR FINDINGS OF OPERATION		
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			26. DATE SIGNED		
27. ACCIDENT, SUICIDE, HOMICIDE (Specify)			28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			30. TIME (Month) (Day) (Year) (Hour) OF INJURY		
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			32. HOW DID INJURY OCCUR?		
33. I hereby certify that I attended the deceased from <i>April 15, 1949</i> , to <i>March 9, 1950</i> , that I last saw the deceased alive on <i>3/9/50</i> , 19____, and that death occurred at <i>9:15 P.</i> m., from the causes and on the date stated above.					
34. SIGNATURE <i>Walter Baum</i>			35. ADDRESS <i>1501 N. Milton Ave.</i>		
36. DATE <i>Mar. 13-50</i>			37. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>		
38. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>			39. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1950</i>		
40. REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			41. FUNERAL DIRECTOR <i>John H. Miller</i>		
42. ADDRESS <i>2334 Jefferson St.</i>			43. VS 150		

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1955

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MANUFACTURED BY THE UNITED STATES GOVERNMENT
PRINTING OFFICE

REVENUE

VALLEY

CONGRESS

CHIEF

CLERK

3.18

W-630

50 2234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2234

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Myka Gertrude Ward</i>			2. DATE OF DEATH <i>3/9/50 1:45 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>322 E. Lorraine Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 12-23</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>322 E. Lorraine Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7/4/1882</i>	9. AGE (in years last birthday) <i>67</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>York Co. Pa.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>John T. Ward</i>			14. MOTHER'S MAIDEN NAME <i>Sarah J. Heathcote</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Edith R. Ward 322 E. Lorraine Ave</i>		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Dilatation and Pulmonary Edema 1 day</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio Vascular Renal Disease 1 year</i> DUE TO (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>March 5, 1950</i> to <i>March 9, 1950</i> , that I last saw the deceased alive on <i>March 4, 1950</i> and that death occurred at <i>1:45 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert Eisenberg</i>		23B. ADDRESS <i>208 E. North Ave.</i>		23C. DATE SIGNED <i>3-11-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/13/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>		24D. LOCATION (City, town, or county) (State) <i>Eastern Ave. Extended</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. C. Cook</i>		25. FUNERAL DIRECTOR ADDRESS <i>1217 St. Paul St.</i>	

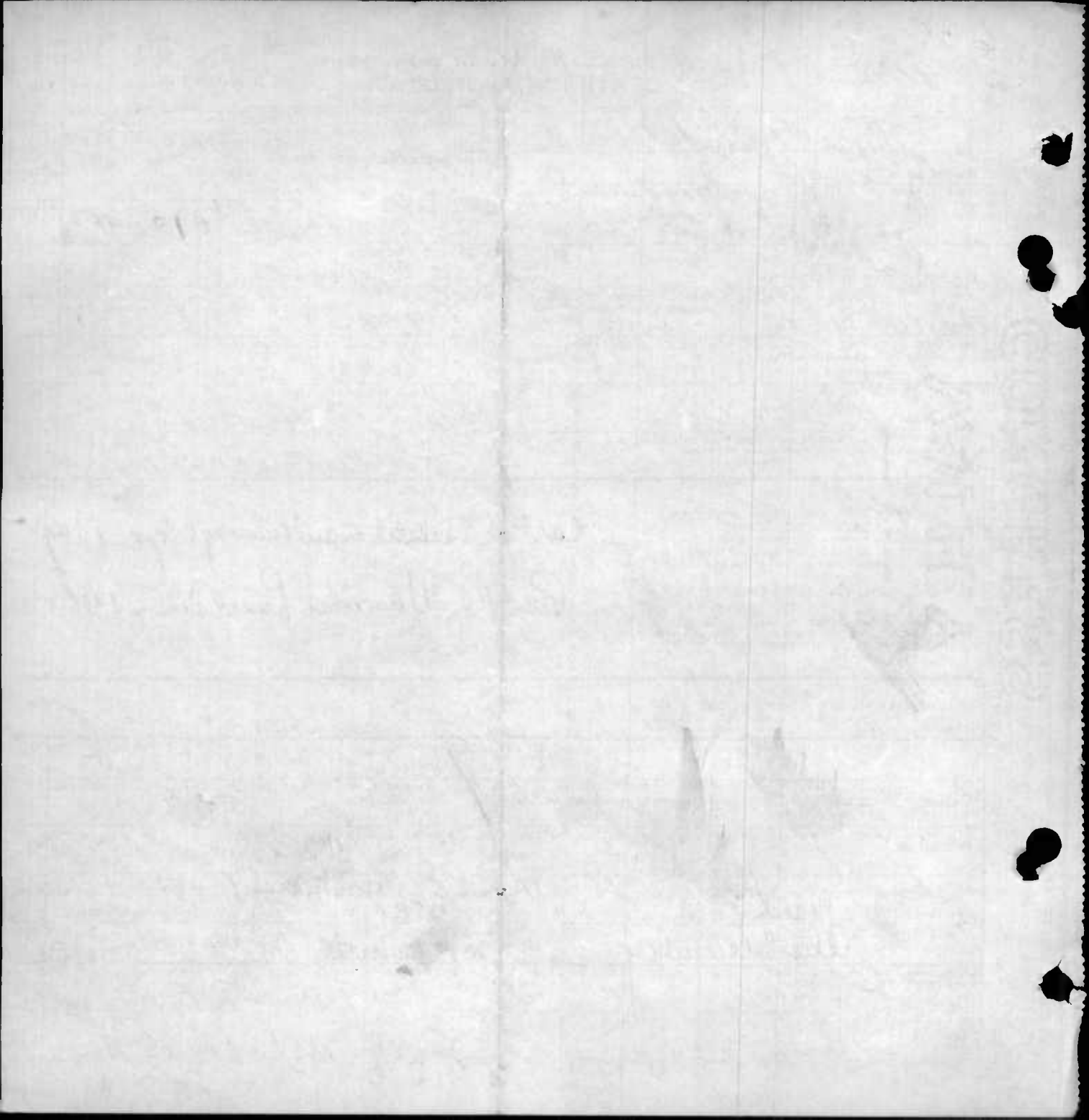
VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



H-632

50 2235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2235

Registered No.

BIRTH NO.

1. NAME OF DECEASED Jacob Graham
(Type or Print) Joseph Hartzell2. DATE OF DEATH #3-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 27-10D. STREET ADDRESS (If rural, give location)
623 RADNOR AVE.

c. Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-29-67

9. AGE (In years last birthday)

82 yr

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired BTC

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

Towson, MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

MARTIN LUTHER HARTZELL

14. MOTHER'S MAIDEN NAME

HANNAH GRAHAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. GRAHAM HARTZELL 823 Evesham Av.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary Thrombosis,
DUE TO Aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic CV Disease
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-1950 to 3-11-1950 that I last saw the deceased alive on 3-11-1950 and that death occurred at 7:45 p.m. from the causes and on the date stated above.

23A. SIGNATURE

S. K. Kaan M.D.

23B. ADDRESS

St. Joseph Hospital

23C. DATE SIGNED

3-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-1950

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN

24D. LOCATION (City, town, or county)

WOODLAWNMD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

H. W. Jenkins

25. FUNERAL DIRECTOR

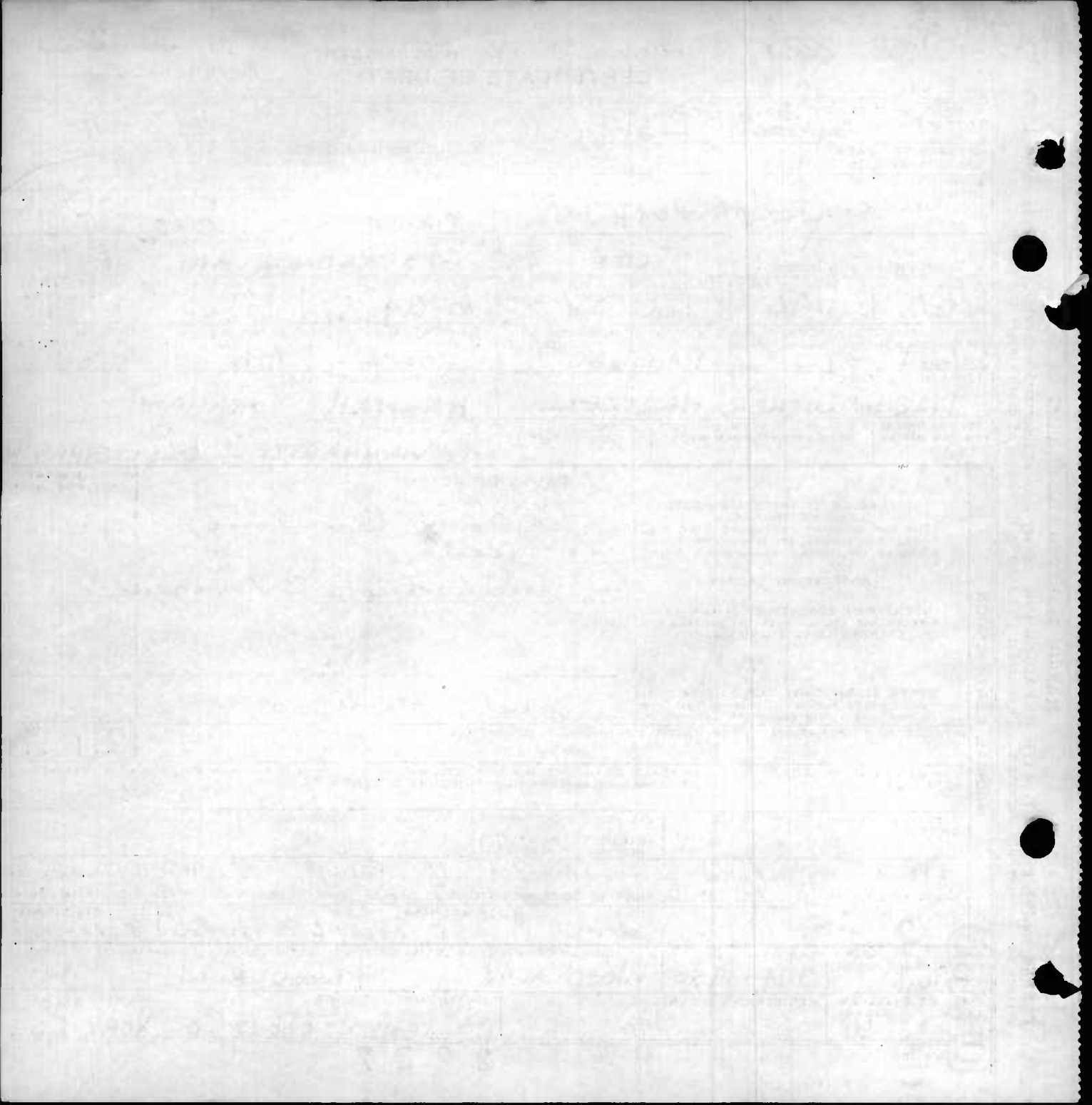
H. W. JENKINS & SONS CO.

ADDRESS

4905 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-414 50 2236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2236
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Gilfillan</i>		2. DATE OF DEATH <i>March 10, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cartersville, PERU</i>			
6. Length of stay in Baltimore <i>7</i> Yrs. <i>7-5</i> Mos. Days		D. STREET ADDRESS (If rural, give location)			
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>2-19-96</i>	11. AGE (In years last birthday) <i>54</i>	12. Under 1 Year Months: Days Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Plantation</i>		11. BIRTHPLACE (State or foreign country) <i>Scotland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>England</i>		13. FATHER'S NAME <i>Robert Gilfillan</i>		14. MOTHER'S MAIDEN NAME <i>Helen Mac Millan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>181.X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Bronchopneumonia</i> DUE TO (B) <i>Bilateral Uterosigmoidostomy</i> DUE TO (C) <i>Carcinoma of Bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>7 days</i> <i>2 yrs</i>	
19A. DATE OF OPERATION <i>3/3/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca of Bladder</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-21</i> , 19 <i>50</i> , to <i>3-10</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3-10</i> , 19 <i>50</i> , and that death occurred at <i>7:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul Bunce</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>3-13-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Fred. Ave. Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John O. Mitchell & Sons</i>		ADDRESS <i>1900 Ectaw Place</i>	

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52 B

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Occupation	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2237
Registered No. _____

BIRTH NO. _____

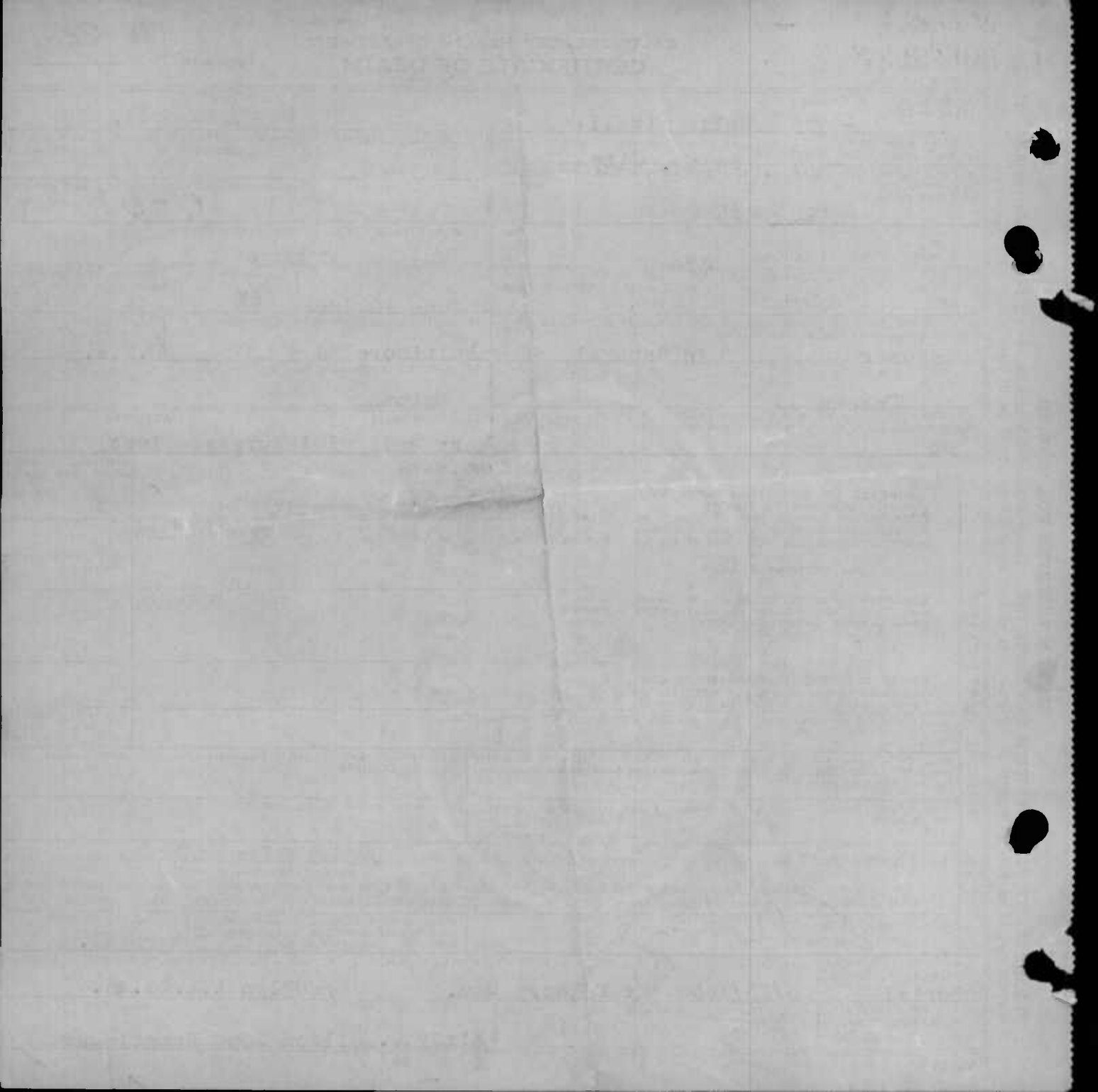
1. NAME OF DECEASED (Type or Print) ISAAC Hull (Hall)			2. DATE OF DEATH March 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1012 Nursery Place		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1882		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mary Hall			ADDRESS 1012 Nursery Place		

18. 610X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia due to pyelonephritis with prostatic hypertrophy and obstruction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Earl H. Rye</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED March 11, 1950	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/13/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn A.A.Co.Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR Elroy O. Wilson			
				ADDRESS 1000 Brantly Av			

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2238BIRTH NO. 50 2238

1. NAME OF DECEASED (Type or Print) <u>Clifford A. Pinder, A-30910</u>			2. DATE OF DEATH <u>MAR 11 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>JOHNS HOPKINS HOSPITAL</u> <u>33</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>5-01</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1224 Edythe St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>6-1-43</u>	9. AGE (In years, last birthday) <u>6</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Born Baby</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>James Pinder</u>			14. MOTHER'S MAIDEN NAME <u>Inez Wheatley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		

18. 401.3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Acute Rheumatic Carditis

DUE TO

(B) Acute Rheumatic Fever

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <u>3-11-50</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-22-</u> <u>1950</u> , to <u>3-11-</u> <u>1950</u> , that I last saw the deceased alive on <u>3-11-</u> <u>1950</u> , and that death occurred at <u>6:30</u> <u>A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. C. Robinson</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3-13-1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cwm.</u>	
24D. LOCATION (City, town, or county) (State) <u>Brooklyn A.A. Co. Md.</u>		25. FUNERAL DIRECTOR <u>Elroy O. Wilson</u> <u>1000 Brantly Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 13 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Williams, Jr.</u>		ADDRESS	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERIOD OF ILLNESS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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PREVIOUS OTHER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GOODMAN SPIEGELMAN

2. DATE
OF
DEATH

3-12-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)MARYLAND
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 27-17B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4915 PEMBRIIDGE AVE

C. Length of stay in Baltimore

38

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4915 PEMBRIIDGE AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SHOE FACTORY (M)

10B. KIND OF BUSINESS OR
INDUSTRY

SHOEMAKER

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?
U.S.G.

13. FATHER'S NAME

ISRAEL JOSEPH

14. MOTHER'S MAIDEN NAME

MIRIAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ROSE SPIEGELMAN - 4915 PEMBRIIDGE AVE

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of head of pancreas
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus

19 months

19A. DATE OF OPERATION

Aug 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of pancreas, metastases to liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1949 to March 12, 1950, that I last saw the
deceased alive on March 12, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Herb H. Gundershimer Jr.

M. D.

23B. ADDRESS

Rivera St. Lake Park

23C. DATE SIGNED

Mar. 13, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

Roseville

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc. - 2100 Eutaw Pl

ADDRESS

VS 150

49621 2241

462

Gundershemmen
Rivera Apts
Lak Drive

La 0276
La 0415

Senai
1 rear

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5-365

50 2240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2240
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH F. STERN

2. DATE
OF
DEATH

3-12-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

WEST BALTO GENERAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

2401 W. NORTH AVE

C. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES BENEFAN

14. MOTHER'S MAIDEN NAME

MOLLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HARRY STERN - 3422 ROYCE AVE

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cordis - Vascular Disease

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized Arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1950, to 3/12, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Philip F. Lerner

M. D.

23B. ADDRESS

2401 W. North Ave

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-50

24C. NAME OF CEMETERY OR CREMATORY

HERRING TON

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutaw Pl.

Lerner
2401 W North
La 2772

~~7111 8897~~

~~7111 3753~~

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2241

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY BLANK

2. DATE
OF
DEATH

12 March 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore 15-10

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4100 Coarman Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Aaron Steier

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Peter Blank 4100 Coarman Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic heart disease

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1950 to 3/12, 1950 that I last saw the deceased alive on 3/12, 1950, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1950

107500002243

93D

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the said Court, at the City of New York, this 1st day of January, 1901.

CERTIFICATE OF THE CLERK OF THE COURT OF COMMON PLEAS, IN AND FOR THE COUNTY OF NEW YORK.

That the within and foregoing is a true and correct copy of the original of the same, as the same appears from the records of the said Court.

Given under my hand and seal of the said Court, at the City of New York, this 1st day of January, 1901.

CLERK OF THE COURT OF COMMON PLEAS, IN AND FOR THE COUNTY OF NEW YORK.

By _____, Deputy Clerk of the Court of Common Pleas, in and for the County of New York.

Attest: _____, Deputy Clerk of the Court of Common Pleas, in and for the County of New York.

Subscribed and sworn to before me this 1st day of January, 1901.

Notary Public for the County of New York.

My Commission Expires _____.

My Office is _____.

My Qualification Expires _____.

My Commission Expires _____.

My Office is _____.

My Qualification Expires _____.

My Commission Expires _____.

My Office is _____.

My Qualification Expires _____.

My Commission Expires _____.

My Office is _____.

My Qualification Expires _____.

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My Commission Expires _____.

My Office is _____.

My Qualification Expires _____.

My Commission Expires _____.

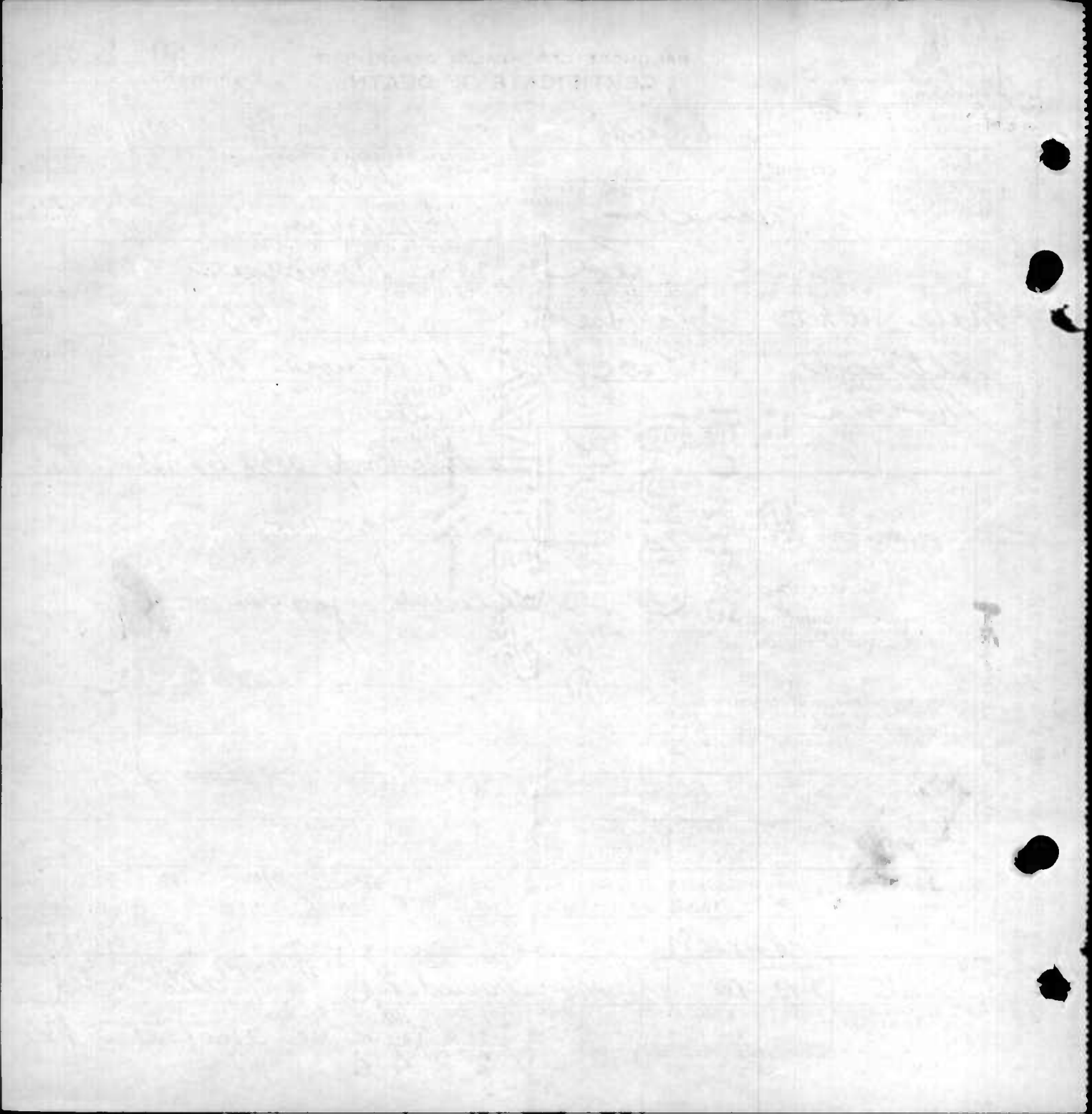
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2242

50 2242

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Jacob Corp		3/11/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
42		Baltimore 15-11			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		3320 Dorothian Road			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White	Married		62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired		Grocery		Baltimore Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Morris		Ruth			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Ester Corp 3320 Dorothian Rd	
18. 420.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Ventricular fibrillation			
ANTECEDENT CAUSES		(B) Myocardial infarction			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
0					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/11, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 3:17 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Jerome Gaber M. D.		Susan Corp		3/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		3-13-50		Hebrew Friendship	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md		Jack Lewis Inc		2100 Eaton Pl	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAR 13 1950		William H. Williams		2100 Eaton Pl	



T-160

50 2243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2243

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bertha E. Tapper*2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

2112 Moyer St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1902

9. AGE (In years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife Own

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dover Sherman

14. MOTHER'S MAIDEN NAME

Belle Katz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Maurice Sherman

ADDRESS

3225 Spaulding Ave

18.

175 x 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Disseminated carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of ovaries

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDIION CAUSING IT.

19A. DATE OF OPERATION

Aug 149

19B. MAJOR FINDINGS OF OPERATION

Ca. ovaries

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1950, to 3-12, 1950, that I last saw the
deceased alive on 3-12, 1950, and that death occurred at 12:02 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Fink

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Herring Run Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Sol Levinson & Bros 1126 W North Ave

ADDRESS

VS 150

109 50000 2245

49a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE

IN SENATE
January 1, 1907
REPORT
OF THE
COMMISSIONER OF AGRICULTURE
FOR THE YEAR 1906

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1907.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2244

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARSHALL

H.

SMITH

2. DATE
OF
DEATH

March 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2327 Washington Blvd.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

DEC. 14 1908

9. AGE (In years
last birthday)

41 42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRUCK DRIVER

10B. KIND OF BUSINESS OR
INDUSTRY

DELIVERIA INC.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HOWARD

SMITH

14. MOTHER'S MAIDEN NAME

BEATHIA

SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS IRENE SMITH - 2327 WASH BLVD

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

3-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MARCH 13 '50

24C. NAME OF CEMETERY OR CREMATORY

LODGEON PARK

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

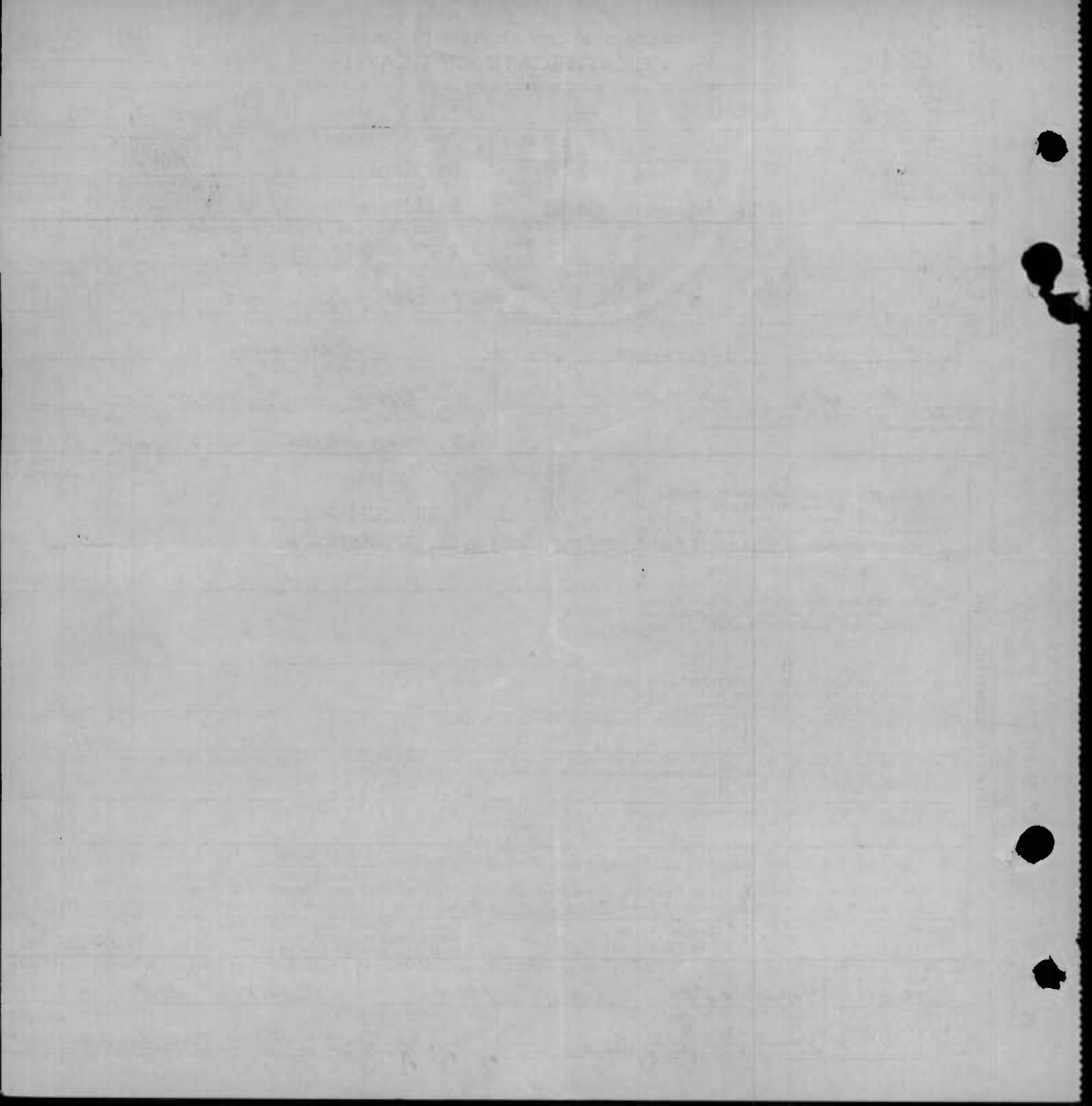
Huntington Williams

25. FUNERAL DIRECTOR

Harry N. With

ADDRESS

-4101 EDWARDS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2245

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHESTER RILAND

2. DATE
OF
DEATH

MARCH 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MARYLAND* B. COUNTY *BALTIMORE CITY*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2532 Edmondson Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 16-05

c. Length of stay in Baltimore

36 YEARS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2532 EDMONDSON AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

LEGAL SEPARATION

8. DATE OF BIRTH

MAR. 4, 1886

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PHYSICIAN

10B. KIND OF BUSINESS OR INDUSTRY

GENERAL PRACTICE

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN RILAND

14. MOTHER'S MAIDEN NAME

MARY E. BRESSLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *MRS. ALINBA FLUTIE, 1934 OLD FREDERICK ROAD* (28)

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CORONARY THROMBOSIS*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *MYOCARDIAL DEGENERATION*

DUE TO

(C) *DIABETES MELLITUS*

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

13 YEARS

2 YEARS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1940*, 19., to *MARCH 11, 1950*, that I last saw the deceased alive on *MAR 6, 1950*, and that death occurred at *2:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

C. Hoffman M.D.

23B. ADDRESS

8 East-Red street

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Weston

24D. LOCATION (City, town, or county)

3800 Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Wight 410 Edmondson

ADDRESS

VS 150

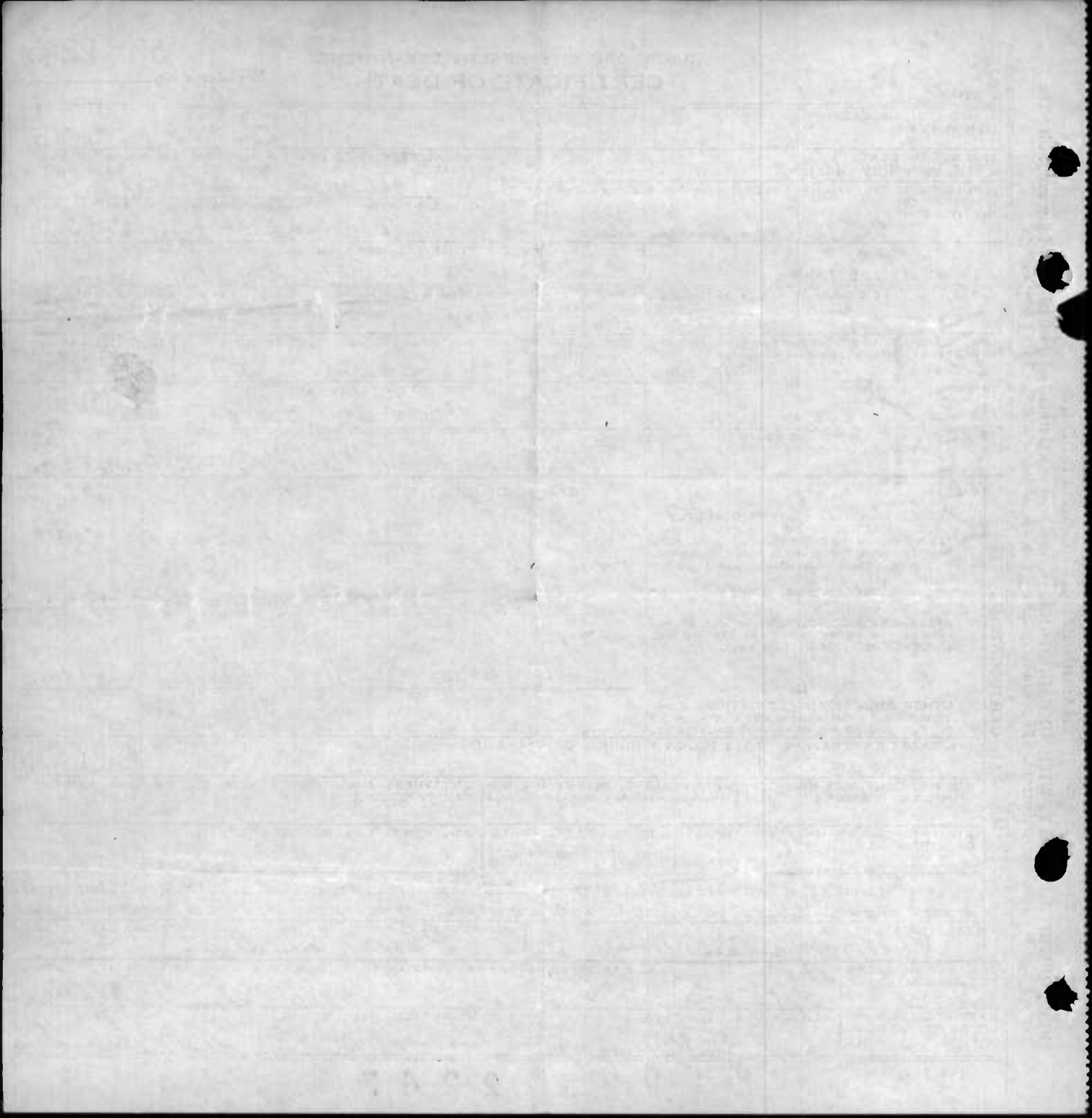
105 0132922 247

61

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-452

50 2246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2246

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes B. Mullineaux

2. DATE
OF
DEATH

Mar 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2805 Bayonne Ave.

Yrs.

Mos.

Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2805 Bayonne Ave

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 8, 1865

9. AGE (in years

last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nelson Wiley

14. MOTHER'S MAIDEN NAME

Rebecca Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Marie Mullineaux 2805 Bayonne Ave

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchitis pneumonia

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

10 years

DUE TO

(C)

Scurvy

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1950, to March 11, 1950, that I last saw the
deceased alive on March 10, 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

L. L. Gordy M.D.

23B. ADDRESS

5706 Harford Road B-11-50

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

Arlington Chapel Cem.

24D. LOCATION (City, town, or county)

Harford Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Theodore J. Blythe 6009 Harford Rd

ADDRESS

VS 150

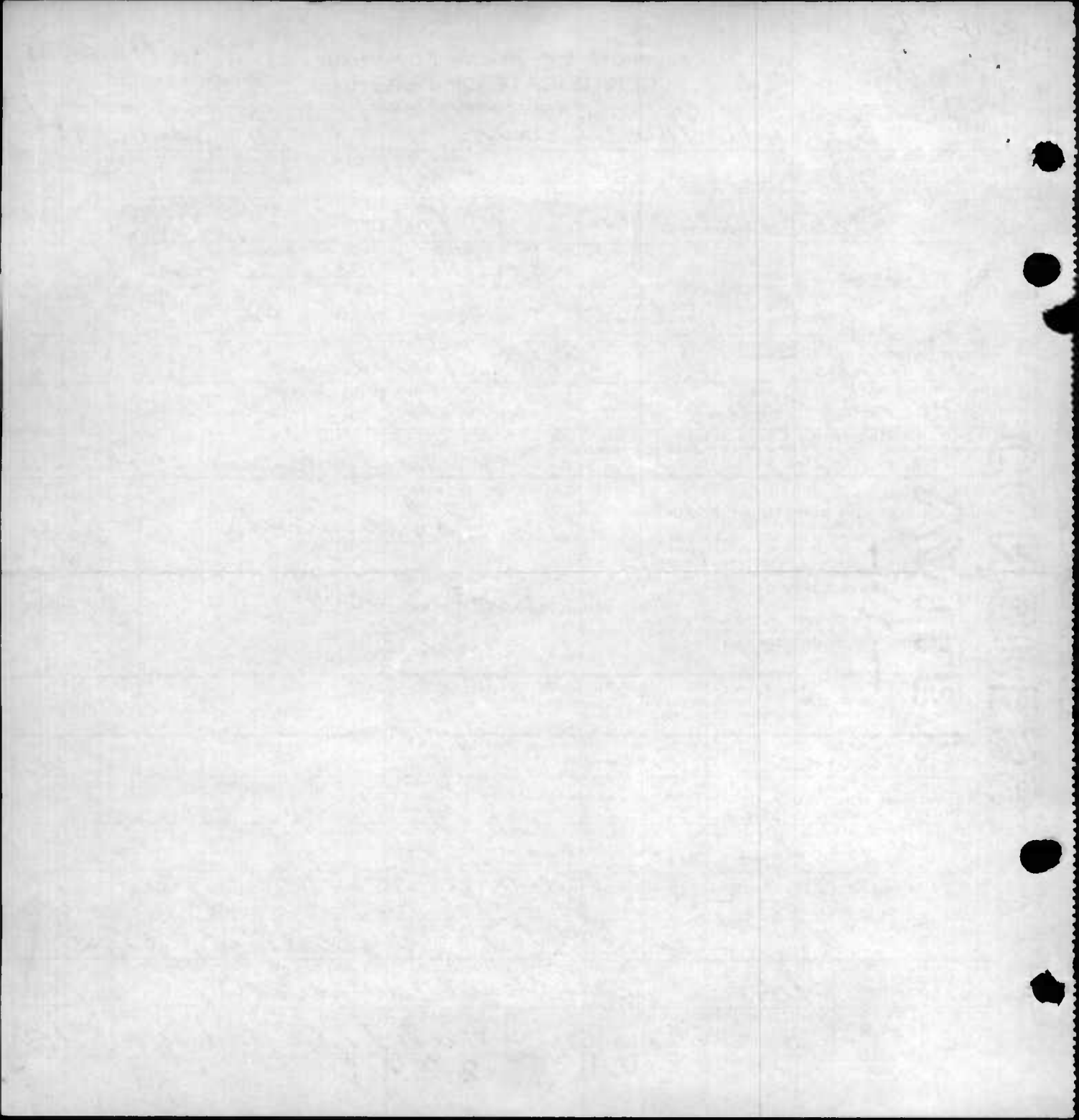
0 9 5 0 0 0 2 2 4 0

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2247BIRTH NO. 50 2247

1. NAME OF DECEASED (Type or Print) GEORGE ATKINS AIKENS		2. DATE OF DEATH March 1, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1030 N Payson Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY PAVING CO	
13. FATHER'S NAME John Aikens		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Joseph Aikens, Darlington, Md.	

18. E 890.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carbon monoxide poisoning DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1030 N. Payson Street		16/4
21D. TIME (Month) (Day) (Year) (Hour) March 1, 1950 ? a.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? draft stuck Coal gas (chimney stopped up, automatic		
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Carl L. Syke</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 3/13/50	24C. NAME OF CEMETERY OR CREMATORY Smt. Calvary	24D. LOCATION (City, town, or county) (State) A.A. Co. Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Byron & Mamie Wright</i>	

VS 151

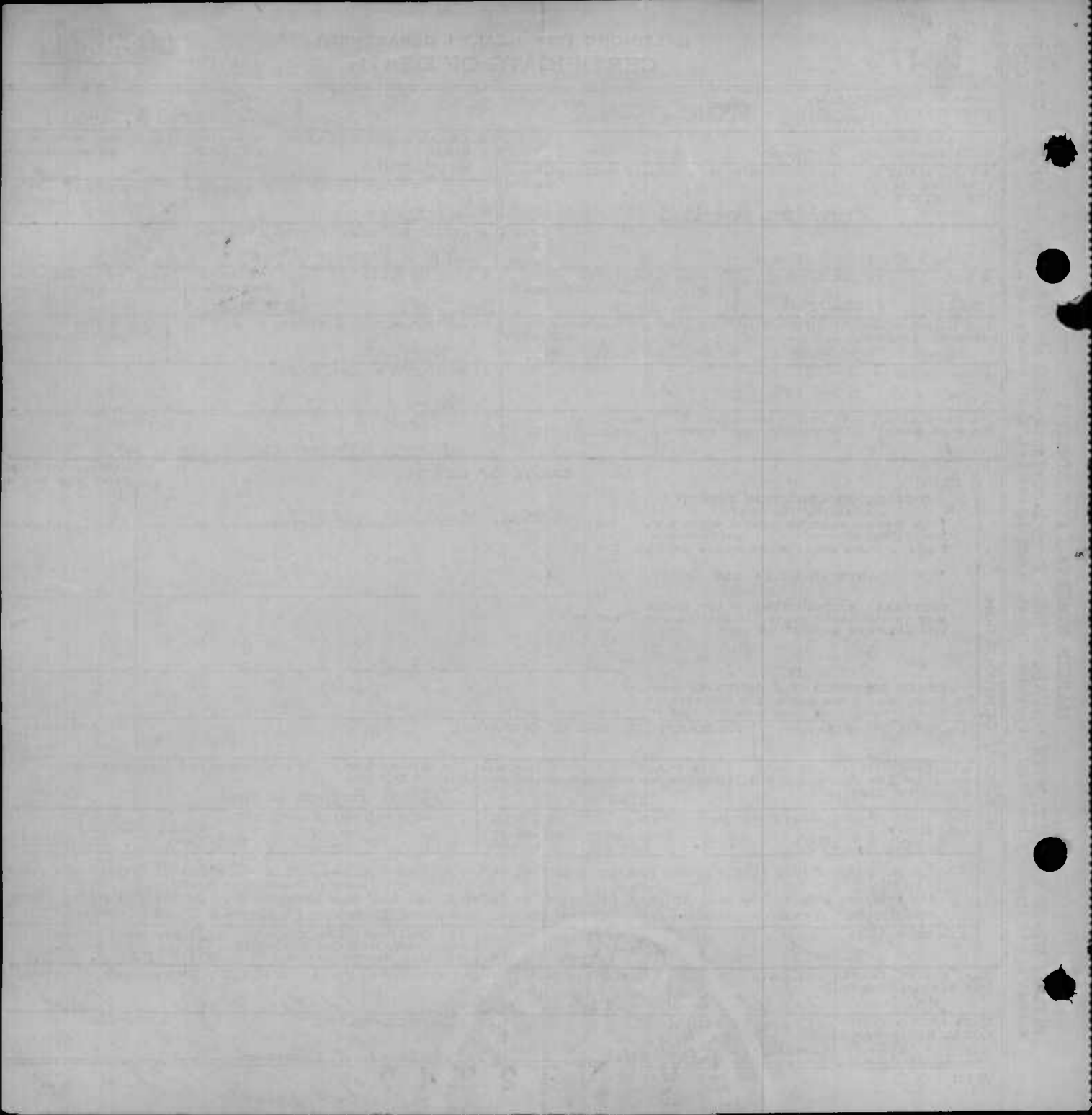
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988 V9

2 2 72, 1950

Asquith 178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BIRTH NO.

50 2248

1. NAME OF DECEASED
(Type or Print)

Carl Leroy Schmidt

2. DATE OF DEATH

Mar 11/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

St Joseph Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

St Joseph

5. LENGTH OF STAY IN BALTIMORE

life

6. C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township)

Balto

7. D. STREET ADDRESS (If rural, give location)

1760 E North Ave

8. SEX

Male

9. AGE (In years last birthday)

19

10. A. BALTIMORE CITY, MARYLAND

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Carl Leroy Schmidt

14. MOTHER'S MAIDEN NAME

Virginia (Butler) RUTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Carl L Schmidt

18. ADDRESS

1760 E North

18. E 819.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Rupture of liver

(A) DUE TO

Multiple fractures

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

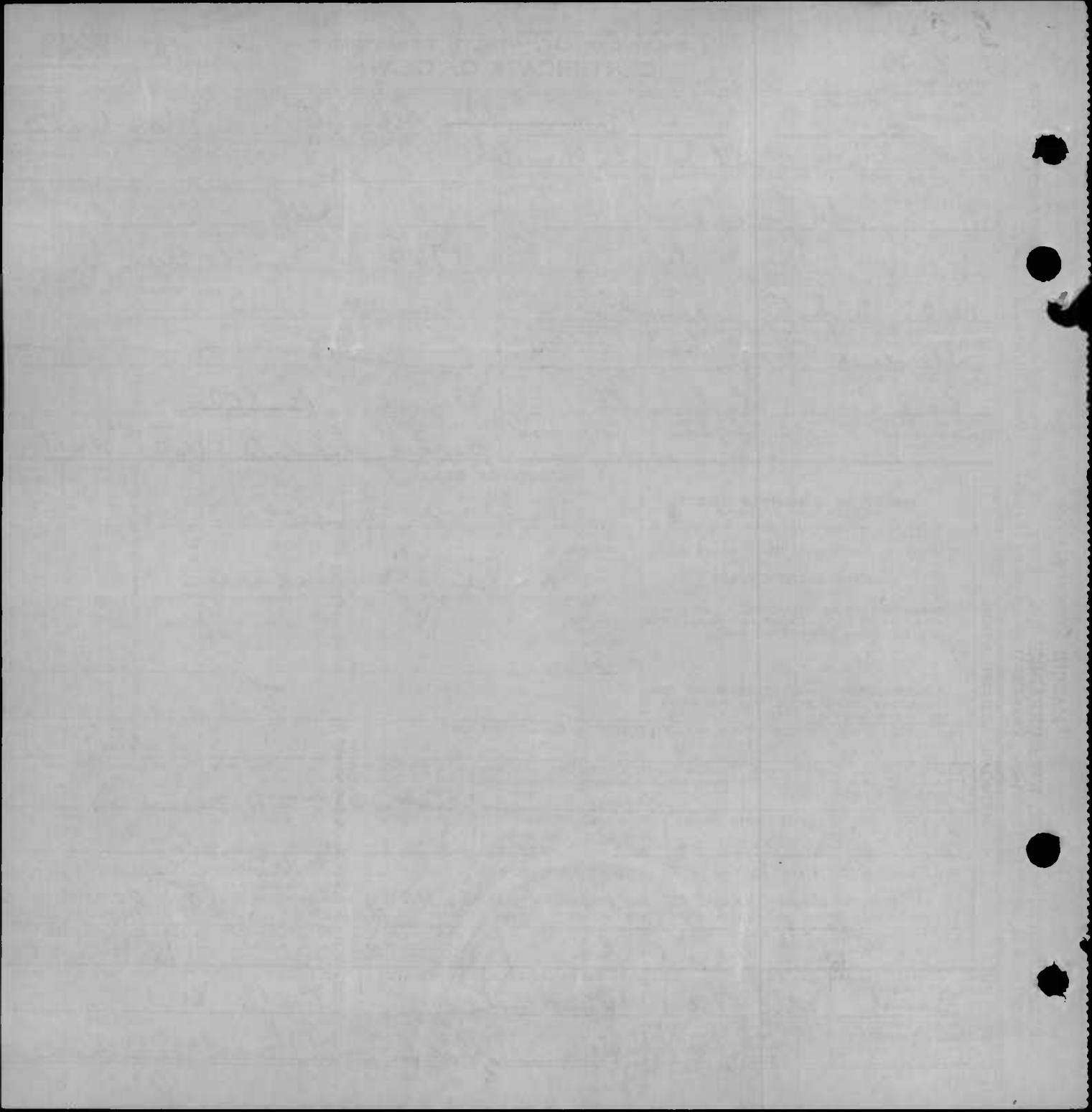
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-614 CERTIFICATE CORRECTED 3-10-50 Wroblewski				BALTIMORE CITY HEALTH DEPARTMENT		50 2249	
BIRTH NO. 2249				Registered No.			
1. NAME OF DECEASED (Type or Print) Sperling Adam Wroblewski				2. DATE OF DEATH 3.11.1950			
3. PLACE OF DEATH: a. Baltimore City, Maryland Doctor's Hospital				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Dundalk Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 5200			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 7100 Hartell Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, (MARRIED) WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mesher		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL (M)		11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Wroblewski				14. MOTHER'S MAIDEN NAME Julia Gorney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-10-1487		17. INFORMANT WROBLEWSKI		ADDRESS 7100 Hartell Ave	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) hypertensive encephalopathy DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) hypertensive cardiovascular disease 5 yrs. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3.4.1950 , to 3.11.1950 , that I last saw the deceased alive on 3.11.1950 , and that death occurred at 9:50 am. , from the causes and on the date stated above.							
23a. SIGNATURE Daniel L. Zalis				23b. ADDRESS 1942 Cedar Lane		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 14/50		24c. NAME OF CEMETERY OR CREMATORY Sancti Heart		24d. LOCATION (City, town, or county) (State) Balt Co Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR Willie L. L. Home 2008 Orleans		ADDRESS	

1

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Coroner		Signature of Medical Examiner	
Signature of Funeral Home		Signature of Burial Place		Signature of Crematorium		Signature of Cemetery		Signature of Other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 2250

50 2250

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grover

Powell, 530761

2. DATE
OF
DEATH

MAR 11 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 7-03

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
700 N. DUNCAN ST.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

12-24-84

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

CAN CO. (M)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-1950 to 3-11-1950, that I last saw the
deceased alive on 3-11-1950, and that death occurred at 1208 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1950

Thurston Williams, M.D.

Ulrich Funeral Home 2008 Calver

VS 150

6023V

93D

STATE OF NEW YORK
CERTIFICATE OF DEATH

11 Nov 1911

11 Nov 1911

W-410

50 2251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2251

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gustav A. Wolf

2. DATE

OF

DEATH March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 813 S. Decker Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

813 S. Decker Ave.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 25, 1877

9. AGE (In years last birthday)

73

If Under 1 Year Months; Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumber inspector

10B. KIND OF BUSINESS OR INDUSTRY

Lumber yard (R & W)

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Wolf

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Vernon Pohl 520 N. Potomac St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Ruptured Cerebral Varies

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

Cirrhosis of the Liver

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

3 yrs -

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1946, to March, 1950, that I last saw the deceased alive on Mar. 11, 1950, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeDoux

M. D.

23B. ADDRESS

3033 Eastern Ave.

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

First United Evam

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. H. H. Funeral Home

ADDRESS

2008

VS 150

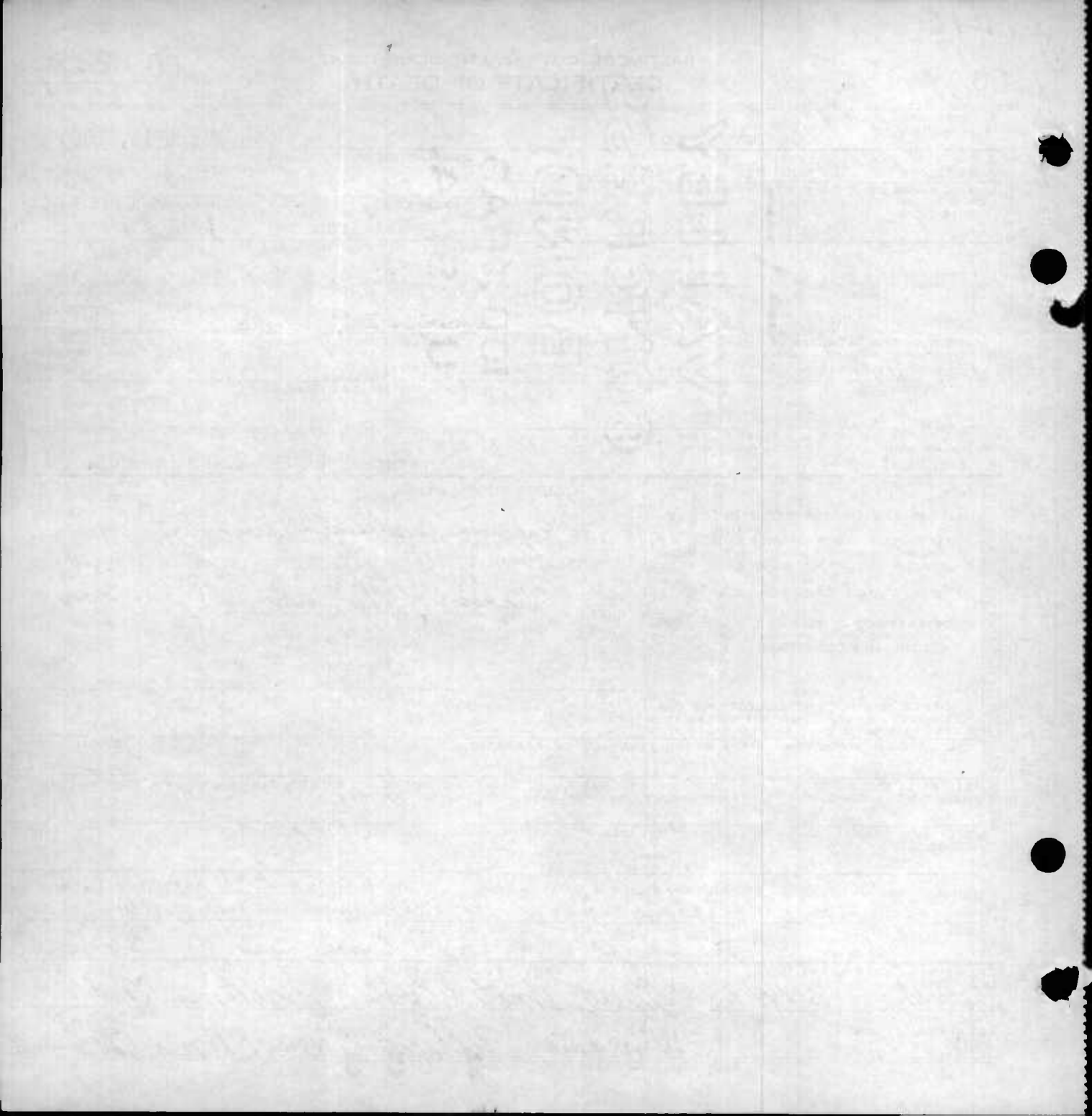
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124 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2252BIRTH NO. 50 2252

1. NAME OF DECEASED (Type or Print) <u>Mary E. Talbott</u>			2. DATE OF DEATH <u>Mar. 10, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>9-01</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Rose Hill Terrace</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>25 years</u>			D. STREET ADDRESS (If rural, give location) <u>512 Rose Hill Terrace</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 17, 1889</u>		9. AGE (In years, last birthday) <u>60</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>.....</u>	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Edgar Rigney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		ADDRESS <u>512 Rose Hill Ter</u>	

18. 44-2-X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertension - Cardiovascular
DUE TO Renal disease 4 yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(B)
DUE TO
(C)
Bronchial asthma 3 yrs.

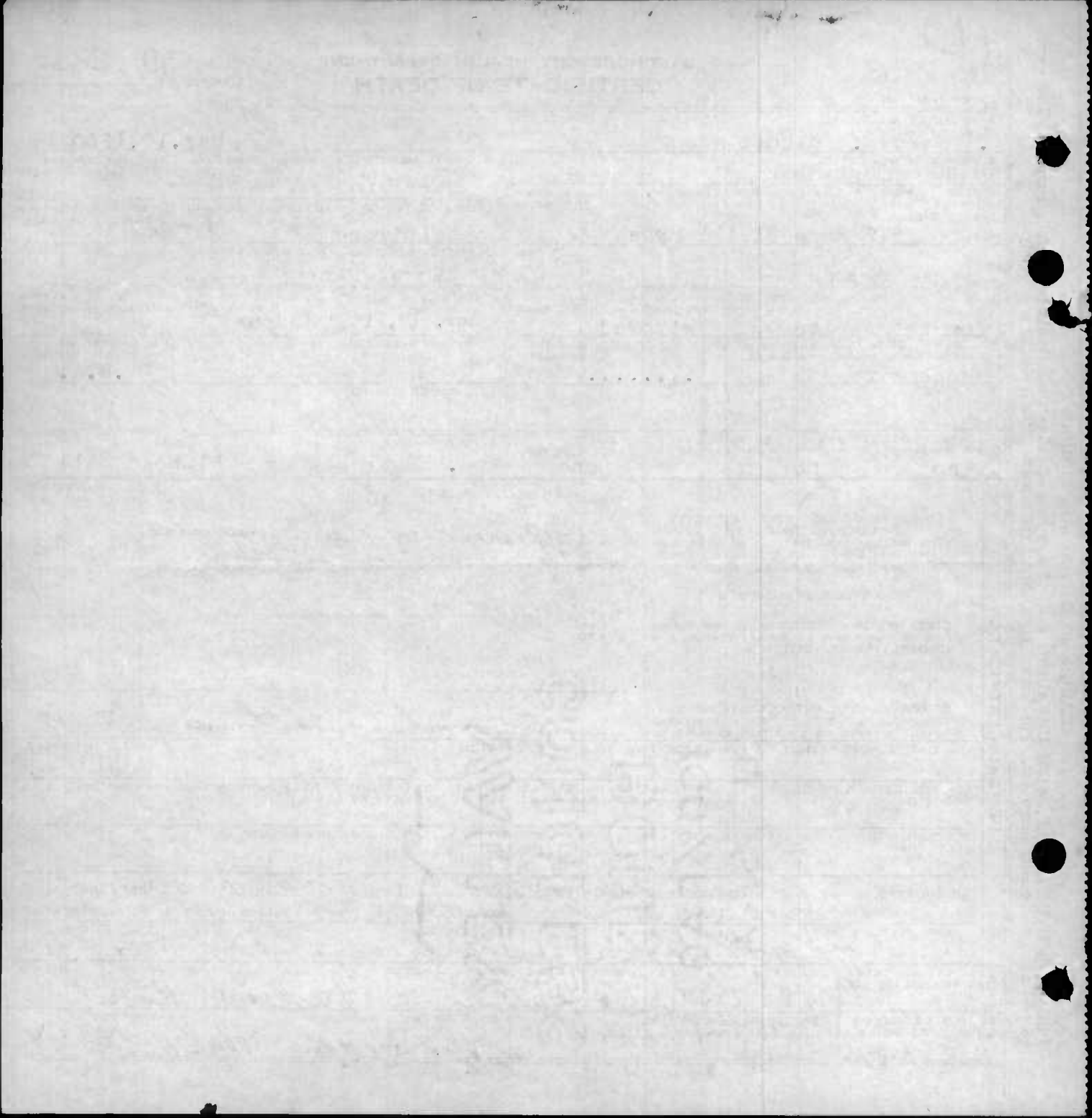
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 6, 1946 to Mar. 10, 1950, that I last saw the deceased alive on Mar 10, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE Lloyd E. Saylor M. D. 23B. ADDRESS 3902 Greenmount Ave. 23C. DATE SIGNED Mar. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) 3/13 1950 24B. DATE 3/13 1950 24C. NAME OF CEMETERY OR CREMATORY Green Mount 24D. LOCATION (City, town, or county) (State) Fredricks Road

DATE RECEIVED BY LOCAL REGISTRAR Mar 13 1950 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR John G. Gahan ADDRESS 3000 E Balto St



M-524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2253

Registered No.

BIRTH NO. 50 2253

1. NAME OF DECEASED (Type or Print) James E. Munchel			2. DATE OF DEATH Mar. 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 730 E. 41st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 730 E. 41st St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 7, 1901		9. AGE (in years last birthday) 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe maker		10B. KIND OF BUSINESS OR INDUSTRY SHOE (M) INDUSTRY Dixon-Bartlett Co.	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Munchel			14. MOTHER'S MAIDEN NAME Sadie Fry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-03-6100	17. INFORMANT ADDRESS Mrs. Mary Munchel 730 E. 41st St.		

18. 163 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma lungs.	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1949 to 3-11 , 1950 that I last saw the deceased alive on 3-11 , 1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE G. L. Ewald Jr.		23B. ADDRESS 36 York Ct.		23C. DATE SIGNED 3-13-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/14/50	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.		

DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Balto. St.
--	---	--	--------------------------------------

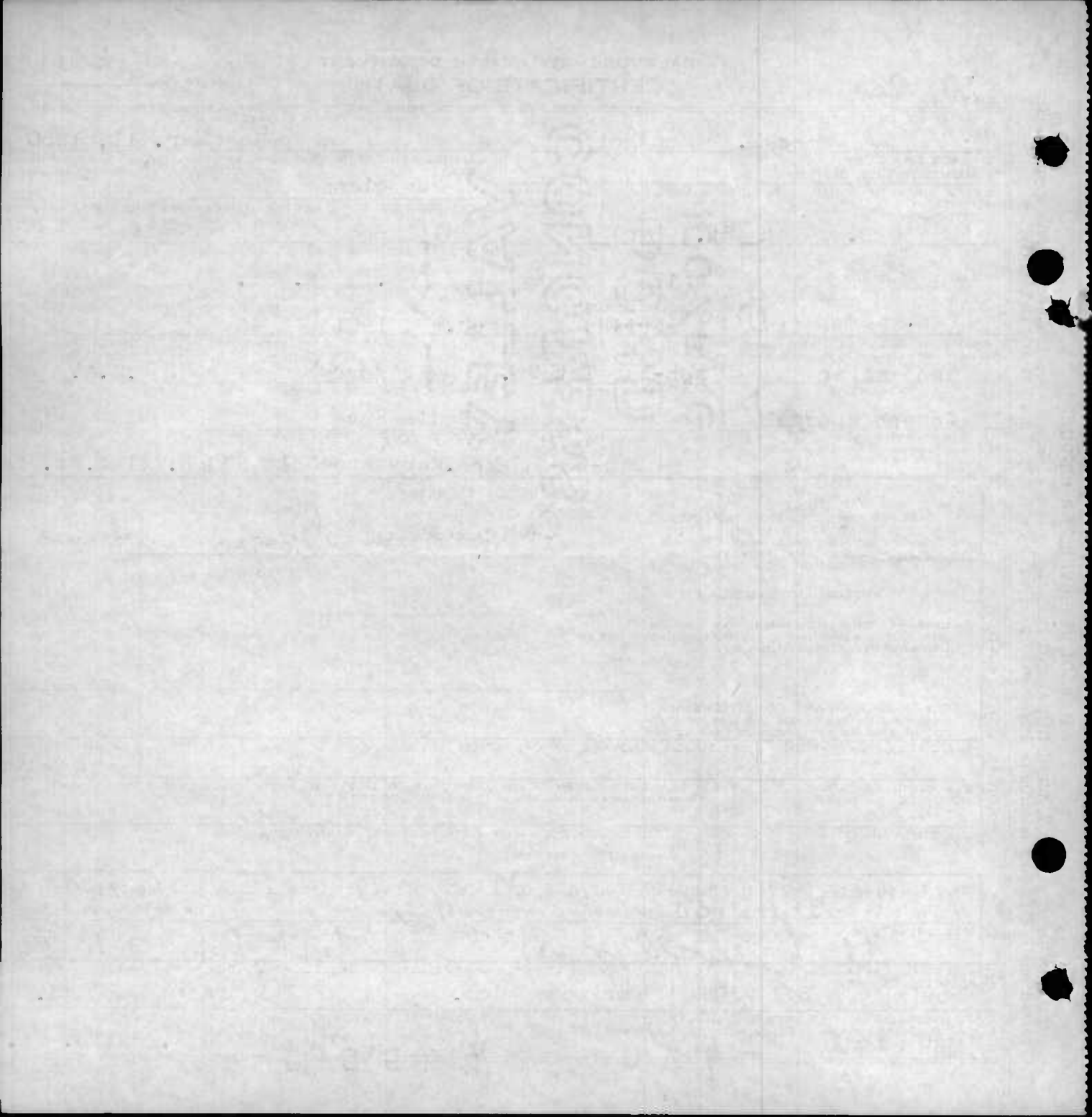
VS 150

49621

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2254

Registered No.

50 2254

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel Webster

2. DATE
OF
DEATH

3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

27-20-Carey

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

109-5 Bond St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

70 Good Samaritan Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - md 3-01

D. STREET ADDRESS (If rural, give location)

Unknown

c. Length of stay in Baltimore

Unknown

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar

8. DATE OF BIRTH

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Record Good Samaritan Home

18. 442X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

Cardio-vascular - Renal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Disease Hypertension

INTERVAL BETWEEN
ONSET AND DEATH

3 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-1950, to 3-5-1950, that I last saw the
deceased alive on 3/4/50, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Russo

M. D.

23B. ADDRESS

600 Madison St

23C. DATE SIGNED

3/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Russo - 1200 McCulloch St

MAR 13 1950

VS 150

9 9 50 9 9 2 2 5 6

131a

STATE OF NEW YORK
COUNTY OF [illegible]
IN SENATE
January 10, 1907
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 1, 1906
ALBANY:
J. B. LIPPINCOTT
PRINTERS
1907

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **Capt. John Reynolds O'Neill** 2. DATE OF DEATH **March-11-1950**

3. PLACE OF DEATH: A. Baltimore City, Maryland **3217 The Alameda** 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) A. STATE **Maryland** B. COUNTY **Baltimore City**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **at Home** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore City**

D. STREET ADDRESS (If rural, give location) **3217 The Alameda** c. Length of stay in Baltimore **Life** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **May-15-1860** 9. AGE (In years last birthday) **89** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10B. KIND OF BUSINESS OR INDUSTRY **Bay Pilot** 11. BIRTHPLACE (State or foreign country) **Baltimore, Maryland** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Zacharia O'Neill** 14. MOTHER'S MAIDEN NAME **Deborah ? ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Miss Catherine G. O'Neill, 3217 The Alameda** ADDRESS

18. **4 yrs. v** I **CAUSE OF DEATH** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Myocardial Infarction** 5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1945, to **March 11, 1950** that I last saw the deceased alive on **March 10, 1950**, and that death occurred at **7:45 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. J. J. Zimmerman, M. D.** 23B. ADDRESS **2858 Harford Rd** 23C. DATE SIGNED **3-12-50**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Entombment** 24B. DATE **Mar-13-1950** 24C. NAME OF CEMETERY OR CREMATORY **Lorraine Mausoleum** 24D. LOCATION (City, town, or county) (State) **Woodlawn, Maryland**

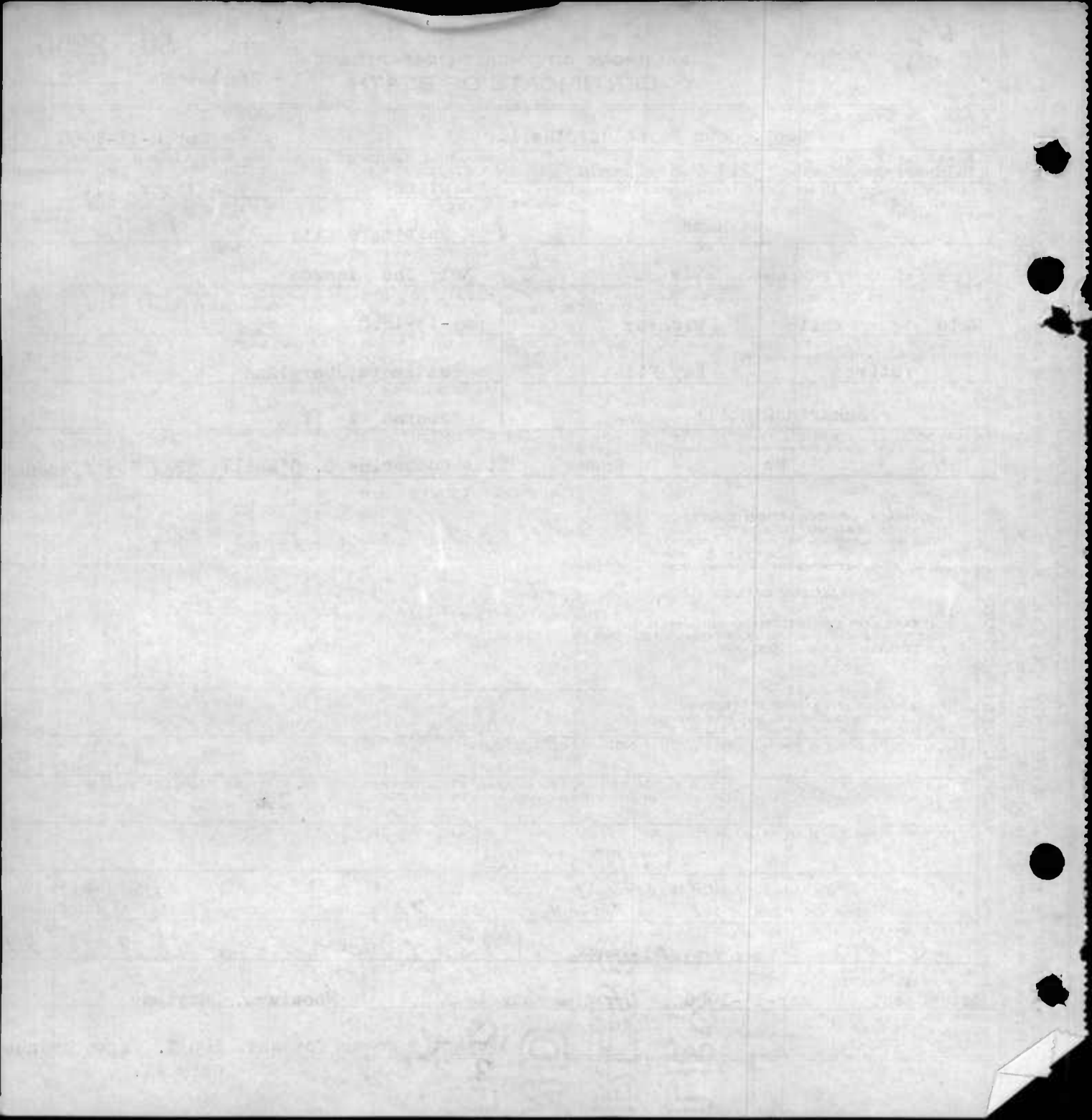
DATE RECEIVED BY LOCAL REGISTRAR **MAR 13 1950** REGISTRAR'S SIGNATURE **Thurston Williams, M.D.** 25. FUNERAL DIRECTOR **Stewart & Mowen Company, 108 W. North Avenue** ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-540
50 2255

50 2255



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Susan Wood Scanlon*2. DATE
OF
DEATH*Mar-11-1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3307 Bateman Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland**Baltimore City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

at Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 15-07A

c. Length of stay in Baltimore

*30 years*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3307 Bateman Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug-22-1874

9. AGE (In years last birthday)

*75*H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Syracuse, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Wood

14. MOTHER'S MAIDEN NAME

Eliza Frear

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No**No*

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

M. Joseph Scanlon (husband) 3307 Bateman

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Endocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Intestinal Nephrosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1940* to *March 10, 1950*, that I last saw the deceased alive on *March 10, 1950*, and that death occurred at *12:00* m., from the causes and on the date stated above.

23A. SIGNATURE

W. A. Darby

M. D.

23B. ADDRESS

817 Madison St. City

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar-13-1950

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Ave.

CERTIFICATE OF MARRIAGE

MADE IN THE CITY OF NEW YORK

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 19____.	
Attest:	
_____ Clerk of the City of New York	
_____ Mayor of the City of New York	
_____ Recorder of the City of New York	
_____ Comptroller of the City of New York	
_____ Police Commissioner of the City of New York	
_____ Fire Commissioner of the City of New York	
_____ Health Commissioner of the City of New York	
_____ Education Commissioner of the City of New York	
_____ Public Works Commissioner of the City of New York	
_____ Finance Commissioner of the City of New York	
_____ Police Department of the City of New York	
_____ Fire Department of the City of New York	
_____ Health Department of the City of New York	
_____ Education Department of the City of New York	
_____ Public Works Department of the City of New York	
_____ Finance Department of the City of New York	
_____ City of New York	
_____ County of New York	
_____ State of New York	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Henry Schlissler*2. DATE
OF
DEATH*March 12 50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6211 Green Spring

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*md Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*at home*

C. CITY OR TOWN

W Washington 27-20

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

6211 Green Spring

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Feb 24 1892*9. AGE (In years,
last birthday)*58*10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*retired*10B. KIND OF BUSINESS OR
INDUSTRY*Metir works*

11. BIRTHPLACE (State or foreign country)

*Ballo md*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

Harmon Schlissler

14. MOTHER'S MAIDEN NAME

*Catherine Crate*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*no*16. SOCIAL
SECURITY NO.*no*

17. INFORMANT

Wm Schlissler (wife) 6211 Green Spring

ADDRESS

18.

*421.0*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

*Heart disease
non-rheumatic*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*over*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 28*, 19*50*, to *March 12*, 19*50*, that I last saw the
deceased give of *March 14*, 19*50*, and that death occurred at *P.A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Wm D Babert

M. O.

23B. ADDRESS

4803 Park Heights Ave 15

23C. DATE SIGNED

*3-13-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 14 50

24C. NAME OF CEMETERY OR CREMATORY

Trinity Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 13 1950*

REGISTRAR'S SIGNATURE

Wm D Babert

25. FUNERAL DIRECTOR

Stewart M. Morris

ADDRESS

Baltimore

Letter in document file 50-2257 4/12/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2258
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Thomas Clark

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-06

D. STREET ADDRESS (If rural, give location)

19 S. Rosedale St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 22, 1908

9. AGE (In years
last birthday)

41

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

painter

10B. KIND OF BUSINESS OR
INDUSTRY

Building (CONSTR)

11. BIRTHPLACE (State or foreign country)

Ill.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles F. Clark

14. MOTHER'S MAIDEN NAME

Mary Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Jean Agnes Clark

ADDRESS

19 S. Rosedale St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia due to carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Store

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Hecht Bros. Howard & Franklin Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 10, 1950 9 Am.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Conflagration

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cen.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

Wm. J. TICKNER & SONS

ADDRESS

Balto., Md.

MAR 13 1950

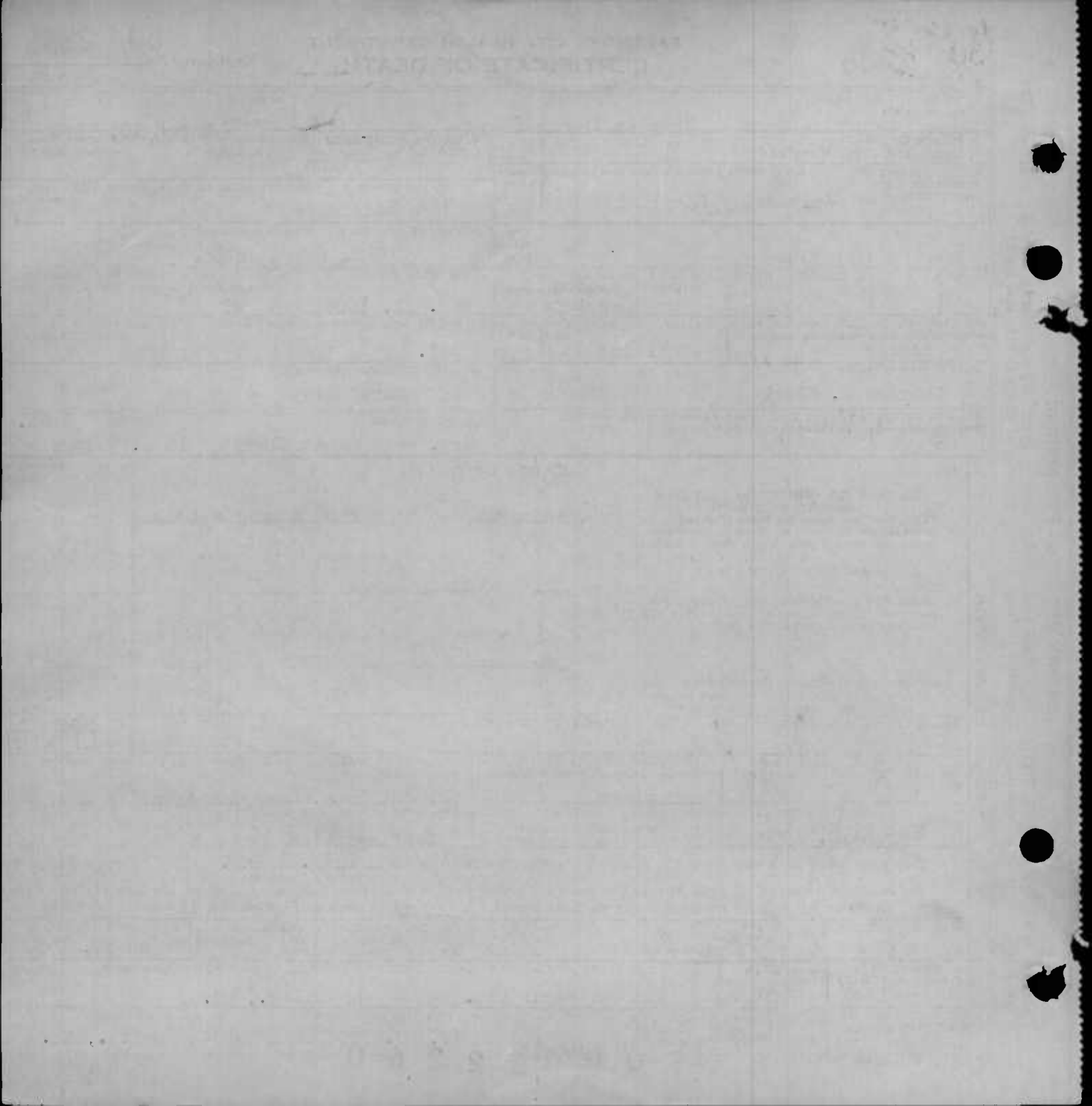
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340V9

180

✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2259

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Sewell Gosnell

2. DATE
OF
DEATH

3-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (Anneslie)

D. STREET ADDRESS (If rural, give location)

507 Regester Avenue

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 22, 1884

9. AGE (In years last birthday)

65

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Movement Director

10B. KIND OF BUSINESS OR INDUSTRY

Penn. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfred H. Gosnell

14. MOTHER'S MAIDEN NAME

Kate Mac Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

U.M.H. Hospital Records

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

AUT. MYOCARDIAL INFARCTION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CORONARY OCCLUSION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

ARTERIO SCLEROTIC HEART Dis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 28, 1950, to March 12, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 8 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard K. Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Govans Presby. Ch. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

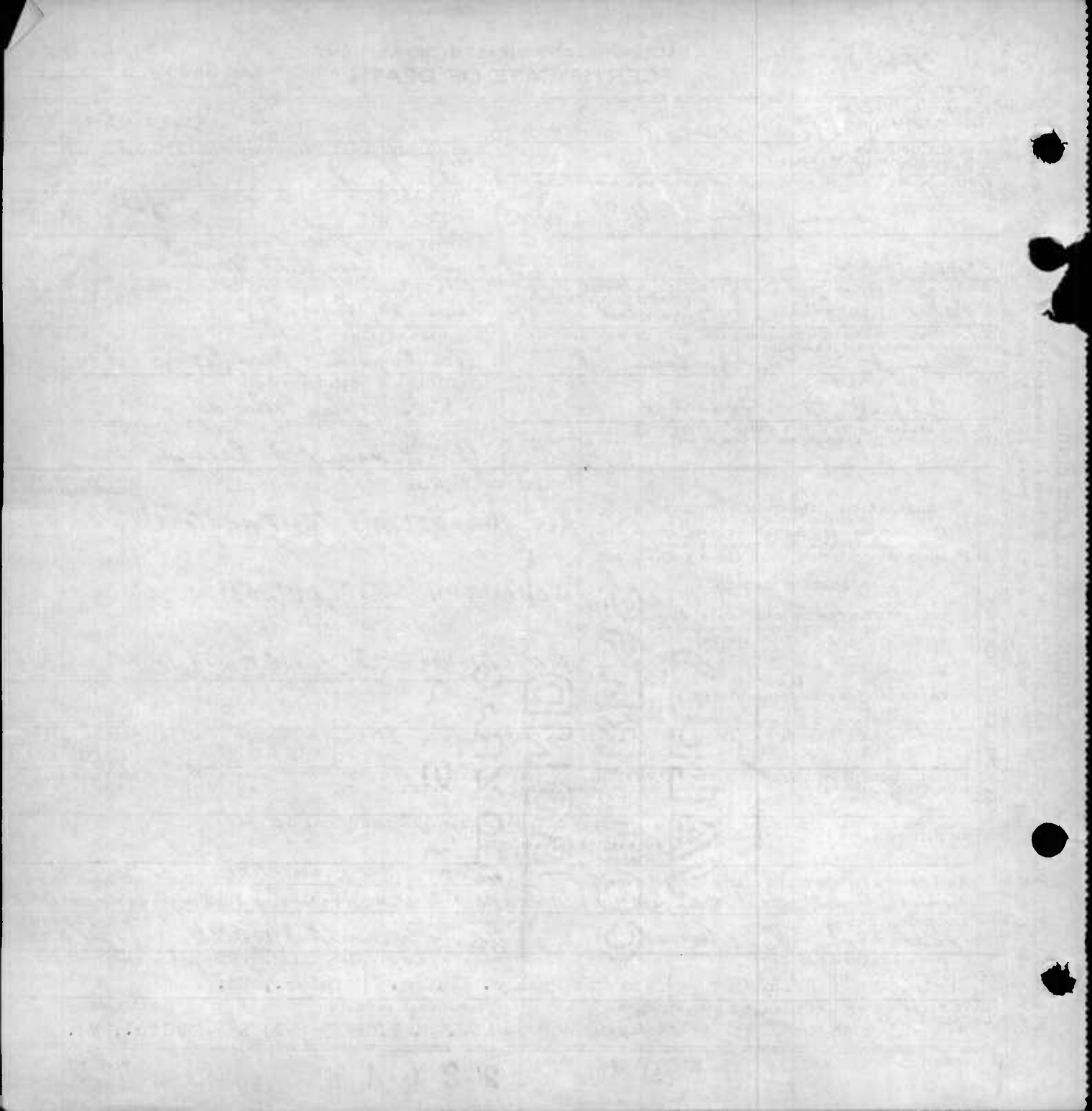
L. M. Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 2250**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Elizabeth Ball Henderson*2. DATE
OF
DEATH*Mar-12-1950*

3. PLACE OF DEATH

A. Baltimore City, Maryland *4302 Wentworth Rd.*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 1 28-02

c. Length of stay in Baltimore

*26 yrs*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4302 Wentworth Road

5. SEX

Female

6. COLOR OR RACE

W.H. L.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec-29-1874

9. AGE (In years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Louisville - Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James F. Walford

14. MOTHER'S MAIDEN NAME

Virginia F. Shawner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Mrs. Douglas Sampayrac 4302 Wentworth Rd.*18. *298.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Splenic Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Cirrhosis of Liver
Splenomegaly*

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 28, 1949* to *Mar-12, 1950*, that I last saw the deceased alive on *Mar-12, 1950*, and that death occurred at *2:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Charles L. Warner

23B. ADDRESS

3312 Egeron Road

23C. DATE SIGNED

Mar-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

W-356
50 2261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2261
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Frew Waidner, Jr.

2. DATE
OF
DEATH

3-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-12

C. Length of stay in Baltimore

Lifetime

D. STREET ADDRESS (If rural, give location)

5516 N. Charles St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 31, 1872

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Commission Merchant

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles William Waidner

14. MOTHER'S MAIDEN NAME

Sarah J. Frew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs George F. Dollinger

Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Disease with Cerebral Thrombosis + arteriosclerosis

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1950, to March 12, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William G. Ransom M.D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

March 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William G. Ransom

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

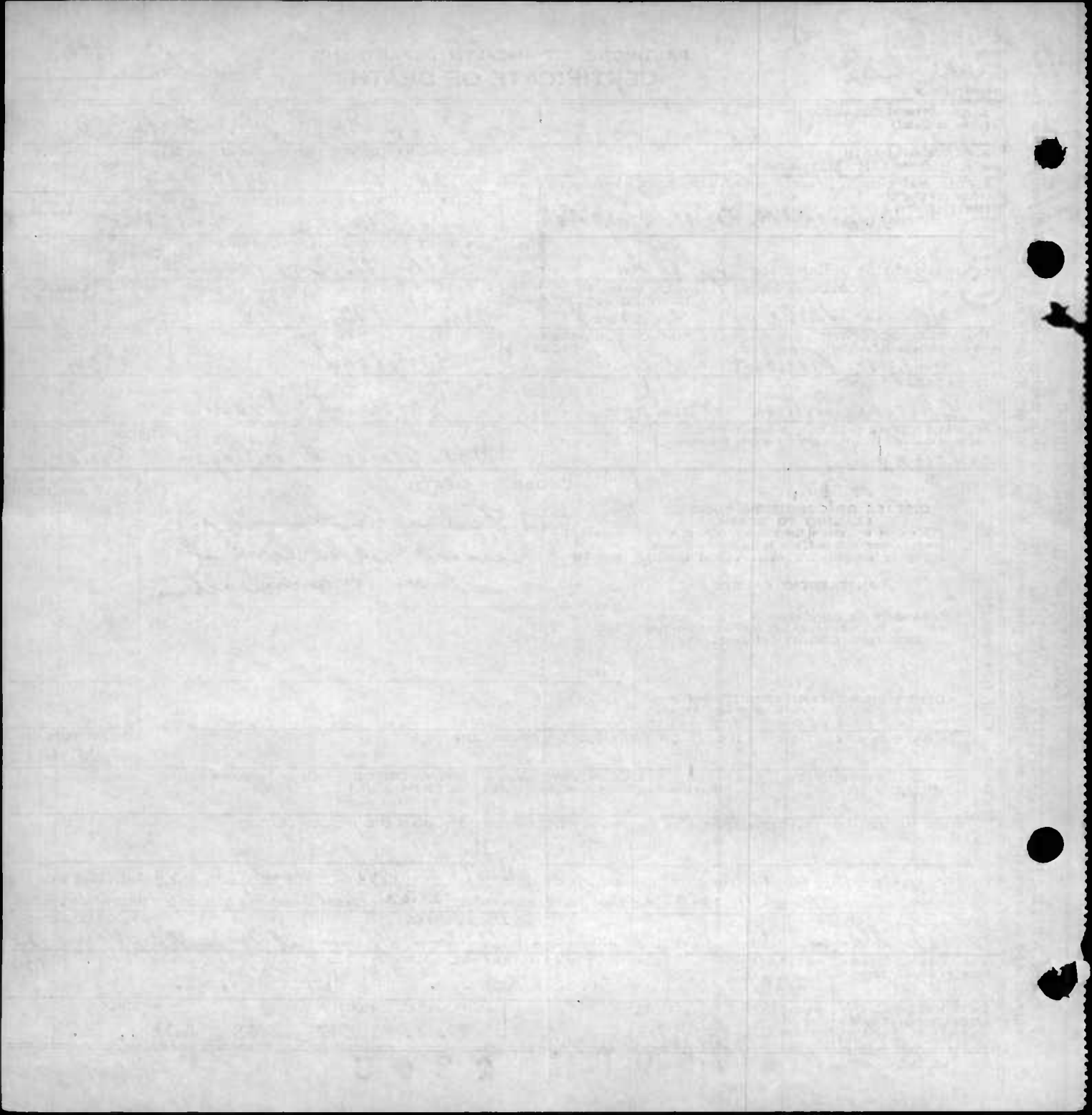
VS 150

109 50000 2263

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Elizabeth Eckman

2. DATE
OF
DEATH

3-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Women's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-05

D. STREET ADDRESS (If rural, give location)

607 East 33rd Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug. 10, 1878

9. AGE (In years
last birthday)

71 7 2

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Brenner

14. MOTHER'S MAIDEN NAME

Sue Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Mr. M. B. Eckman

607 E. 33rd St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Nephrosclerosis +

DUE TO

Hypertensive Cardio Vascular
Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-50, 19__, to 3-11-50, 19__, that I last saw the
deceased alive on 3-11-50, 19__, and that death occurred at 10:23A.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Decker

M. D.

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cem.

24D. LOCATION (City, town, or county)

Lancaster, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

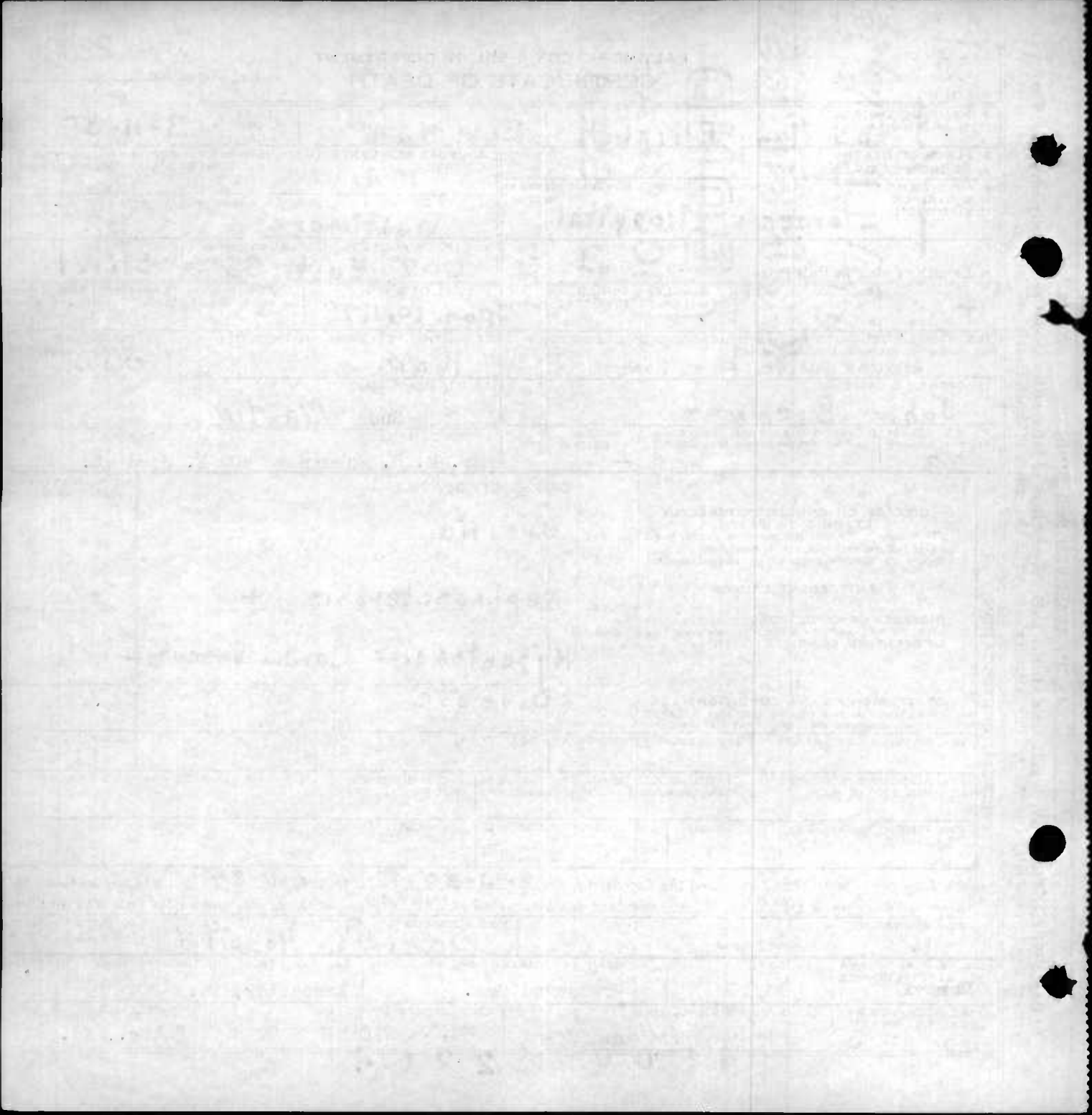
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.



C-636

50 2263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2263

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RACHEL CARTER

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1809 Lauretta Ave

C. CITY OR TOWN

Baltimore 20-01

D. STREET ADDRESS (If rural, give location)

1809 Lauretta Ave

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE (MAILED)

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-7-1908

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Carter

14. MOTHER'S MAIDEN NAME

Alberta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Martha Carter 1809 Lauretta Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

Cardiac Failure

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 4, 1948, to May 10, 1950, that I last saw the deceased alive on 3/9, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Sheppard

23B. ADDRESS

604 N Fulton Ave

23C. DATE SIGNED

3/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/1950

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore city and

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Lirby 66190. Bane St

ADDRESS

VS 150

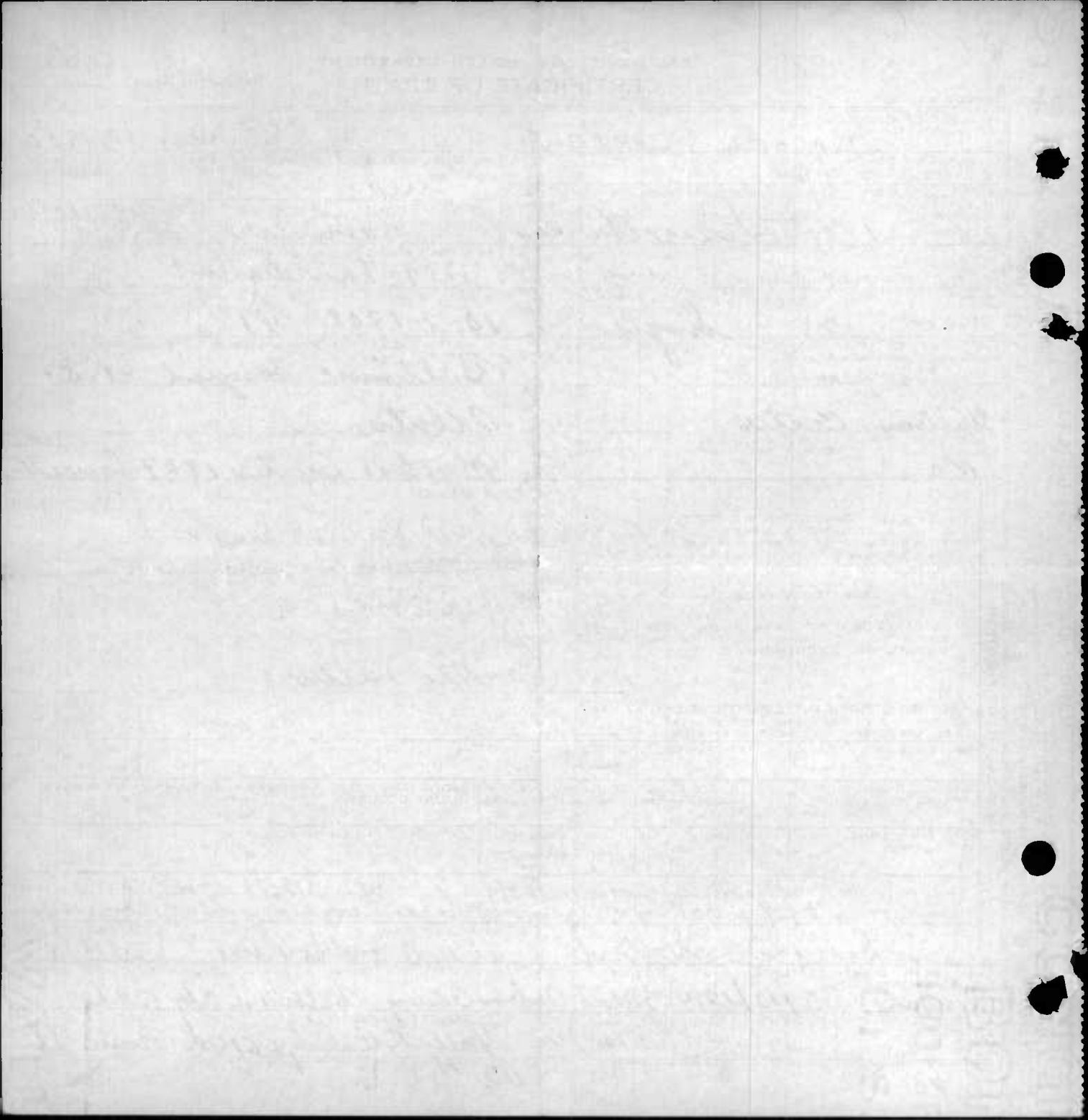
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83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



Dr. Hirschfeld

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2264

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene Catherine Clay

2. DATE
OF DEATH Mar. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3724 Northern Parkway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

3724 Northern Parkway

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 9, 1909

9. AGE (In years last birthday)

41

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis F. Sanders

14. MOTHER'S MAIDEN NAME

Wilhelmina Zephir

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank G. Clay, 3724 Northern Pkw

1B. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

PULMONARY TUBERCULOSIS

10 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

FATAL HEMOPTYSIS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

"Grippe" causing rapid spread of TB

2 WEEKS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947 to March 10, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hirschfeld

M. D.

23B. ADDRESS

6919 HARFORD Rd

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-14-50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

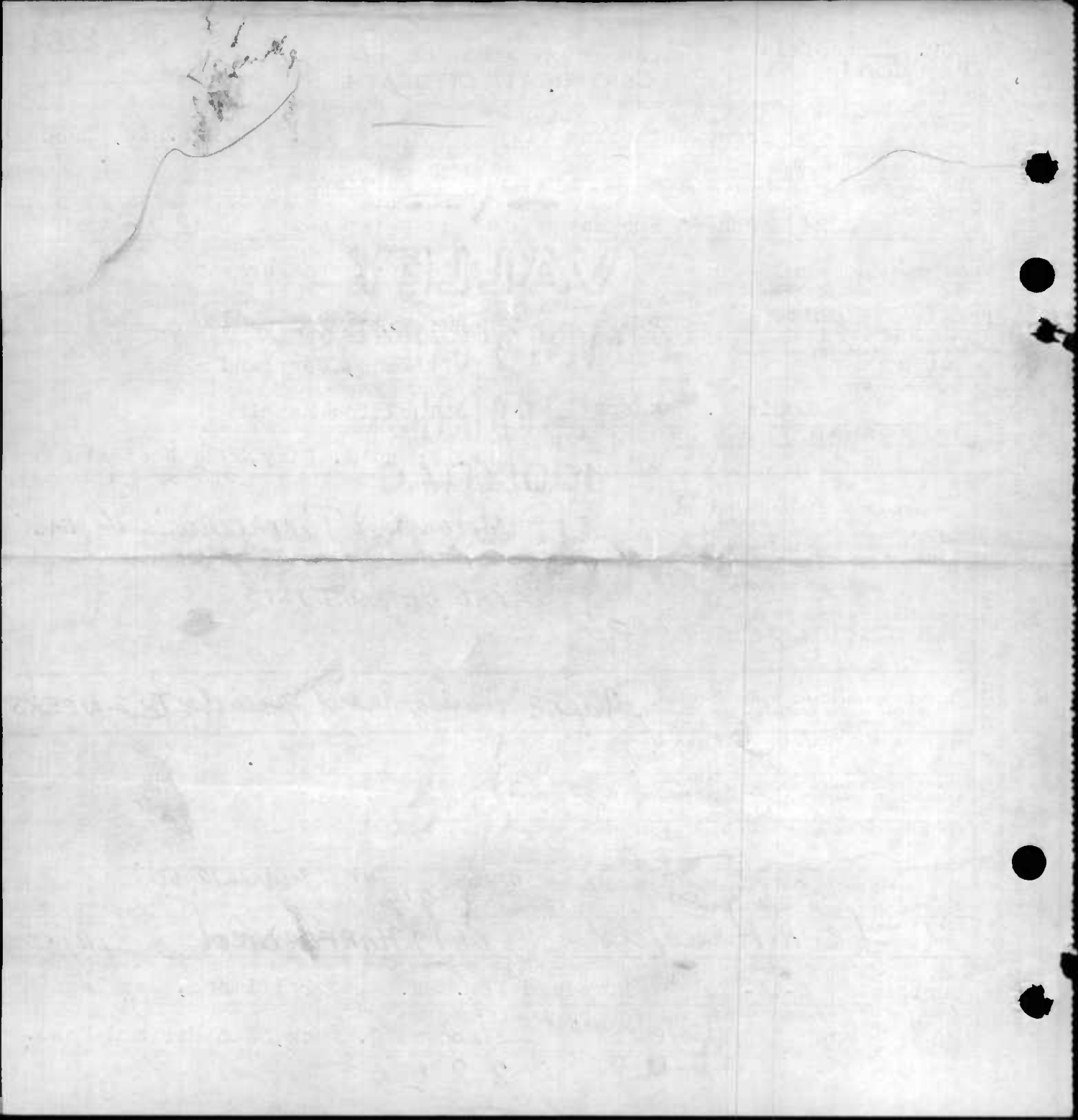
ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

2266

13B



2-520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2265

BIRTH NO. 50 2265

1. NAME OF DECEASED
(Type or Print)

August Francis Zenk

2. DATE
OF
DEATH

Mar 10-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2540 Robt Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

2540 Robt St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 15-1888

9. AGE (In years last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dutcher

10B. KIND OF BUSINESS OR INDUSTRY

Amer. Stores

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Zenk

14. MOTHER'S MAIDEN NAME

Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Zenk-2540 Robt

18.

443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Cerebral Apoplexy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arterio sclerosis, Hypertension & Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1950, to March 10, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 10:14 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Scherensch M.D.

23B. ADDRESS

1337 S Charles St.

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-14-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck - 5305 Naylor Rd

ADDRESS

VS 150

45261

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. Scheuer

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2266

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DAISY BRIGHT DIZE

2. DATE
OF
DEATH

12 MAR. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

40 YRS.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 29, 1873

9. AGE (In years,

last birthday)

77

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

FAIRMOUNT, SOMERSET. CO. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LAZARUS BEE KEMMERLY

14. MOTHER'S MAIDEN NAME

ESTHER FORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

H. E. DIZE, 6618 BROWN AVE.

18.

4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 June, 1946, to 12 May, 1950, that I last saw the deceased alive on 12 May, 1950, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

14 MAR. 1950

PARKWOOD

BALTO.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 50 2267

 BIRTH NO. 50-04342

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Guarino</u>			2. DATE OF DEATH <u>March 2, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18, 12-05</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2006 N. Charles St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 2, 1950</u>		9. AGE (In years last birthday) H Under 1 Year _____ Months: Days _____ H Under 24 Hours _____ Hours: Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Anthony Edward Guarino</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Martin</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT _____ ADDRESS _____		

 18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Crythroblastosis Foetalis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED _____

21F. HOW DID INJURY OCCUR? _____

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/2/, 1950 to 3/2/, 1950, that I last saw the deceased alive on 3/2/, 1950, and that death occurred at 5:10 A.M. from the causes and on the date stated above.

23A. SIGNATURE _____

23B. ADDRESS _____

23C. DATE SIGNED _____

 M. D. 11:00 N. Caroline St.
3/2/50

 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

 24B. DATE 3/11/50

 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

 24D. LOCATION (City, town, or county) Balt Md

(State) _____

 DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950

 REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.

 25. FUNERAL DIRECTOR D. J. Luck

 ADDRESS 5305 Hayford Rd - 14

DEPARTMENT OF HEALTH
STATE OF NEW YORK
BUREAU OF VITAL STATISTICS
DEATH CERTIFICATE

DATE OF DEATH

AGE

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2268

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgieanna Klingler

2. DATE
OF
DEATH Mar. 10, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3044 Pinewood Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 20, 1874

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Funk

14. MOTHER'S MAIDEN NAME

Amanda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Carrie Whitehead, 3044 Pinewood

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage 3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic degenerative myocarditis 10 years
Arteriosclerosis

(C) DUE TO

Hypertensive Cardiovascular disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hepatitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from April 3, 1945, to March 10, 1950, that I last saw the
deceased alive on March 8, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. V. Harbold

M. D.

23B. ADDRESS

4706 Harford Road

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-13-50

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

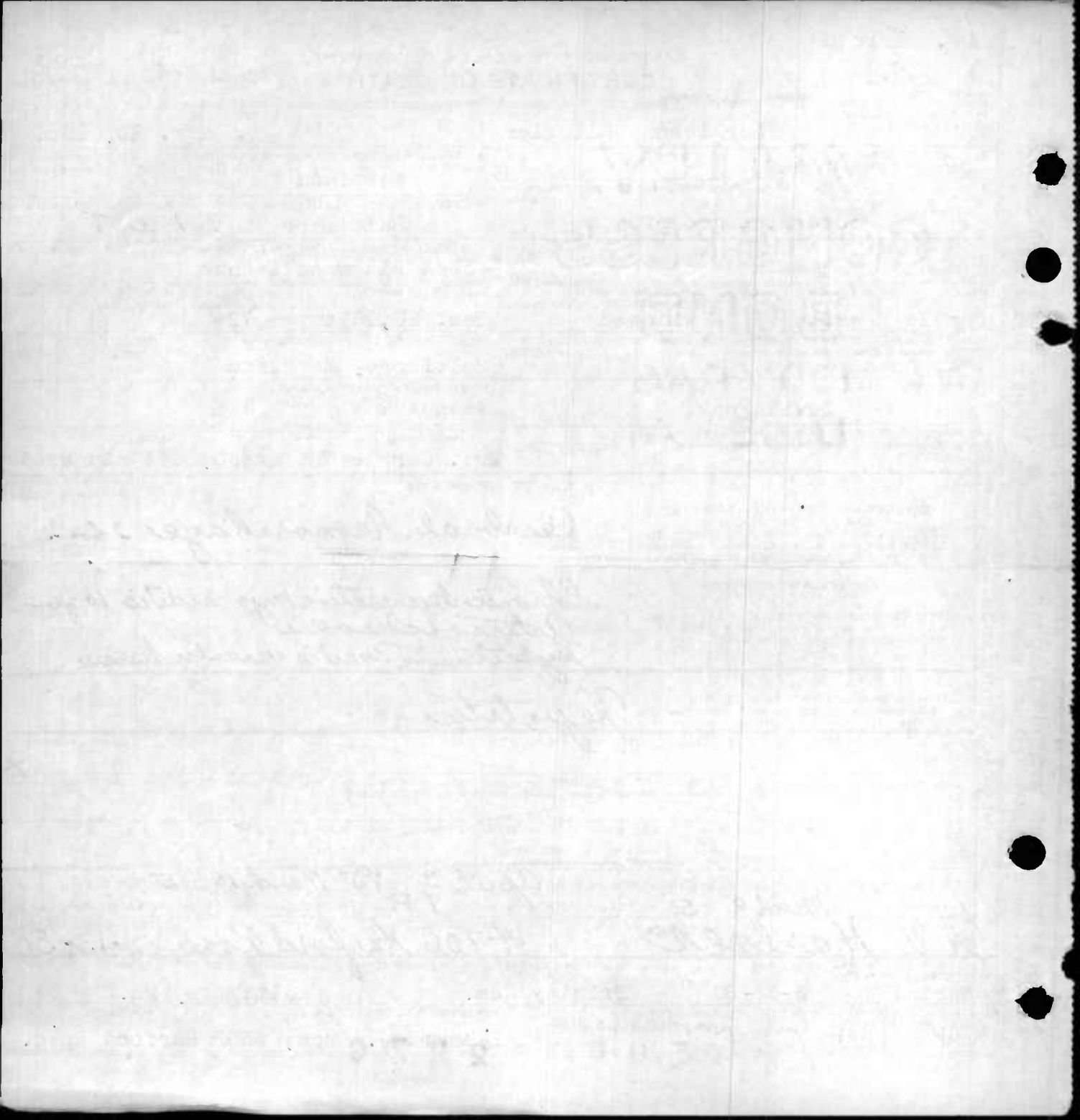
REGISTRAR'S SIGNATURE

H. V. Harbold

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

230
Dr. Serra,
11 E. Chase St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2269

Registered No. _____

BIRTH NO. 2269

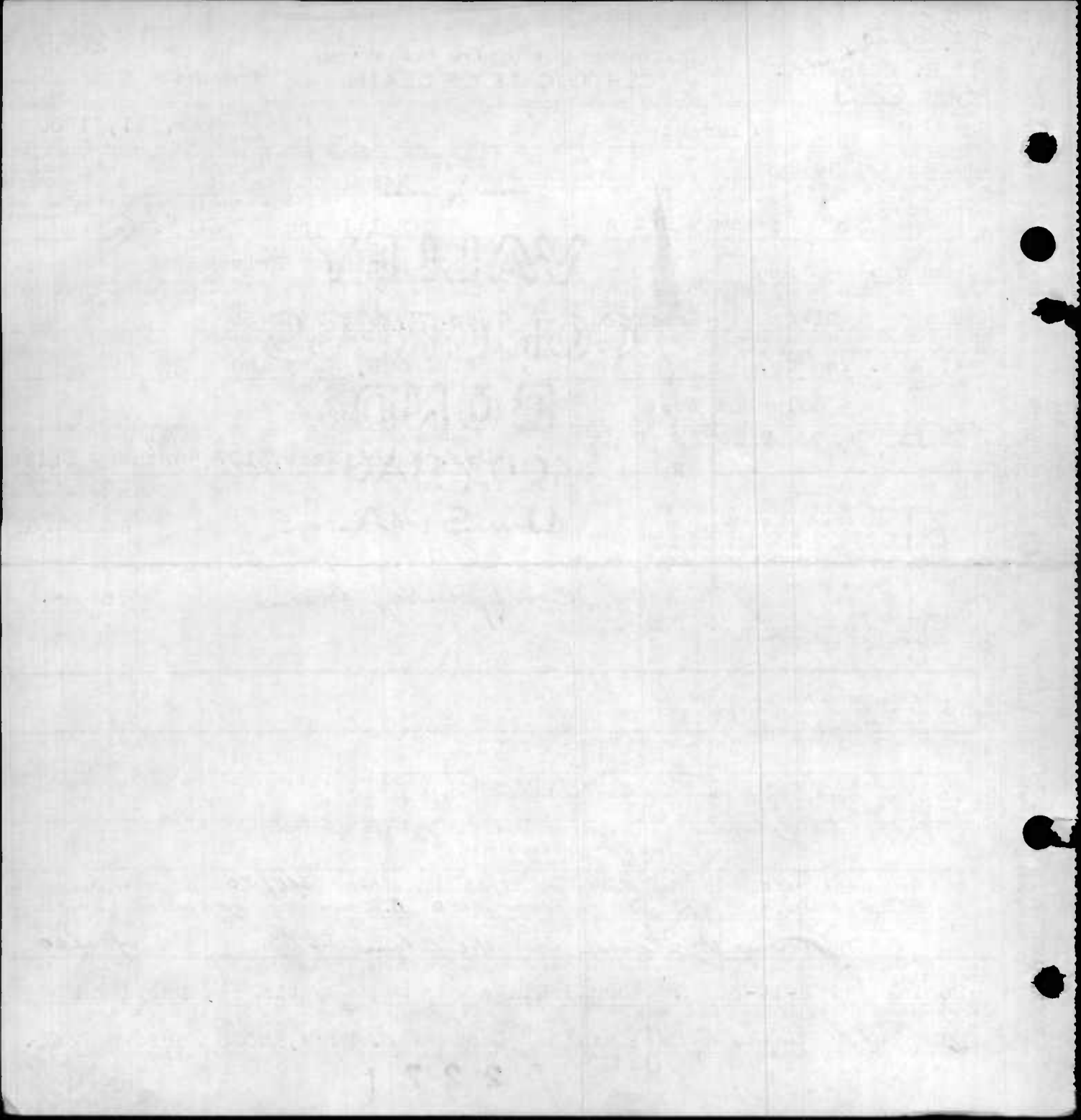
1. NAME OF DECEASED (Type or Print) Clarence West			2. DATE OF DEATH Mar. 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3107 Northway Drive			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3107 Northway Drive		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 7, 1895	9. AGE (In years last birthday) 55	If Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A? & P. Tea Co.			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY MGR.			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Columbus West			14. MOTHER'S MAIDEN NAME Margaret Korber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Naomi West, 3107 Northway Drive		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Artery Disease DUE TO Coronary Artery Disease DUE TO Coronary Artery Disease			CAUSE OF DEATH Coronary Thrombosis Coronary Artery Disease Coronary Artery Disease		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/25 , 19 50 , to 3/11/50 , 19 50 , that I last saw the deceased alive on 2/24 , 19 50 , and that death occurred at 9 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence A. Serra		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED 3/12/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-14-50		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950		REGISTRAR'S SIGNATURE Washington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

VS 150

290612271

94a



MARGIN RESERVED FOR BINDING

7-350
50 2270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2270

Registered No. _____

1. NAME OF DECEASED (Type or Print) <u>Peter Zawodny</u>			2. DATE OF DEATH <u>March 11 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3030 O'Donnell St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>1-01</u>		
c. Length of stay in Baltimore <u>10 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>3030 O'Donnell St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29 1868</u>		9. AGE (In years, last birthday) <u>81</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Thomas Zawodny</u>			14. MOTHER'S MAIDEN NAME <u>Antonina Skotarski</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mary Zawodny 3030 O'Donnell St.</u>		

18. <u>177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Carcinoma of Prostate</u> DUE TO (B) <u>Arteriosclerosis</u> DUE TO <u>Myocardial Infarction</u> (C) <u>Coronary Disease</u>	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1949</u> to <u>March 11, 1950</u> , that I last saw the deceased alive on <u>March 11, 1950</u> , and that death occurred at <u>2:30 AM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Mehin J. Jaworski</u>		23B. ADDRESS <u>2711 Eastern Ave</u>		23C. DATE SIGNED <u>3/11/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>March 14/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>German Hill Rd Md.</u>		25. FUNERAL DIRECTOR <u>John J. Duda Inc.</u>		ADDRESS <u>2829 Hudson St</u>	

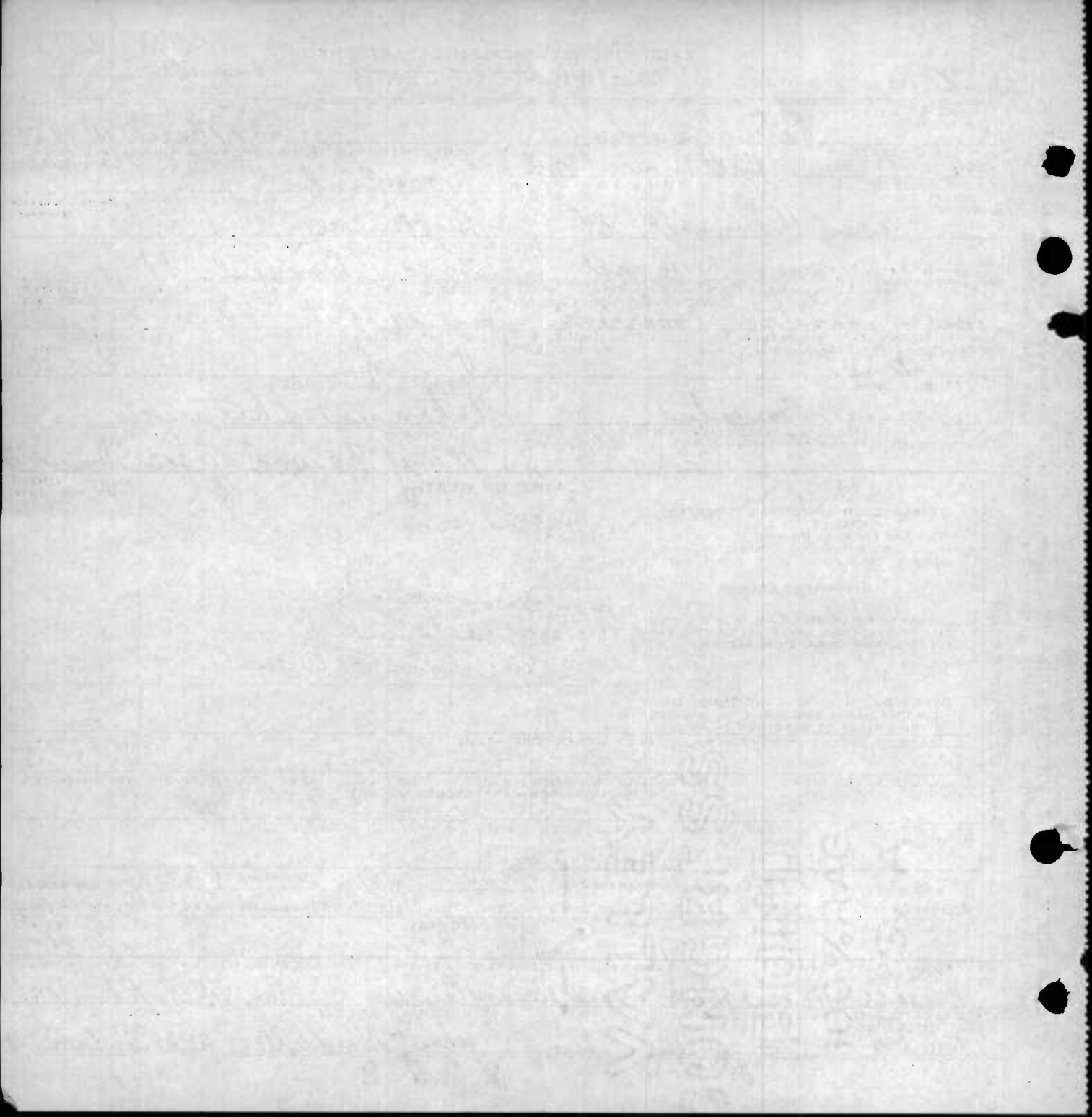
MAR 13 1950

VS 150

2272

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-160
50 2271BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 2271
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH (Bessie) KENNY SCHAFER

2. DATE
OF
DEATH

3-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY,

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

116 Forest Drive

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 5, 1878

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Kenny

14. MOTHER'S MAIDEN NAME

Sarah Derere

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oooknow) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Husband - Mr. J.F. Schaffer 116 Forest Drive - Catonsville

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Dissecting Aneurysm - Rupture
into Left chest

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Anteriuschotic Heart Disease

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1950, to 3-12, 1950, that I last saw the
deceased alive on 3-12, 1950, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Chilton Sharpe

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

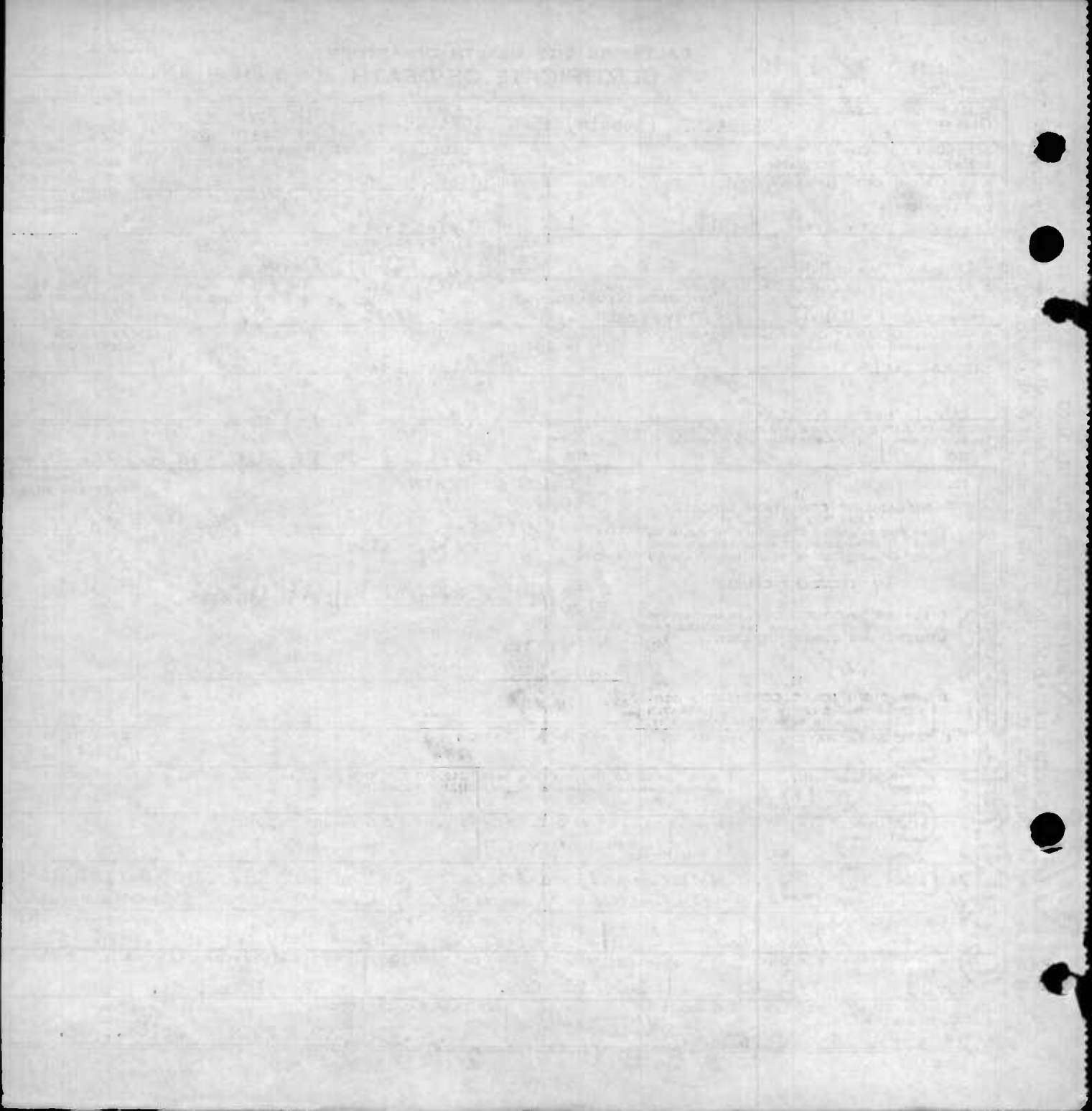
Balto., Md.

MAR 13 1950

VS 150

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96



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2272

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGIANA CURTIS

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

23 Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 Rutland Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 7, 1901

9. AGE (In years last birthday)

49

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter Perry

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

March 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Anne Arundel County, Maryland

DATE RECEIVED BY

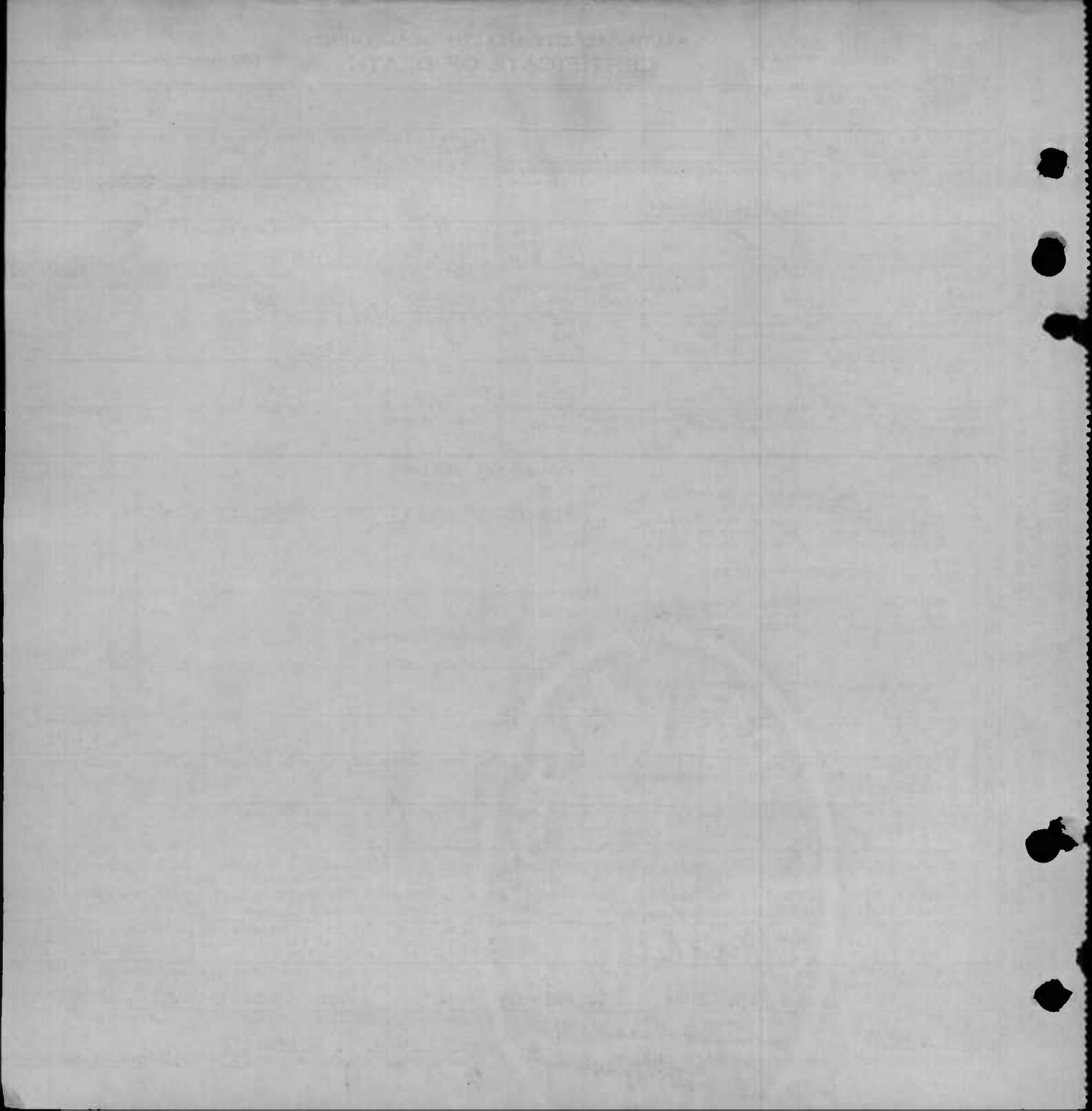
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott & Daughter

1129 N. Caroline St.



1. 10-20-57

CERTIFICATE CORRECTED 7-6-50

50 2274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50 2274

1. NAME OF DECEASED
(Type or Print)

Berry Gibson

2. DATE
OF
DEATH

3-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

100

303 Bridgeway Road.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore 25-02A

D. STREET ADDRESS (If rural, give location)

303 Bridgeview Road.

C. Length of stay in Baltimore

60+ Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed.

8. DATE OF BIRTH

1870
Sept. 15, 18819. AGE (In year-
last birthday)

79 yrs.

If Under 1 Year

Months: Days

5 6

If Under 24 Hours

Hours Min.

- -

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Belt & Block Co. machine operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Alvert County, Md.

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

John Gibson

14. MOTHER'S MAIDEN NAME

Not Known.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
218-10-0317A

17. INFORMANT

Elizabeth Gibson

ADDRESS

303 Bridgeview Rd.

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Senility

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diarrhea & Dehydration

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chronic Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

↓

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 - 2, 1950, to 3 - 9, 1950 that I last saw the
deceased alive on 3 - 8, 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jerry B. Luck

M. D.

23B. ADDRESS

427 Swale Ave

23C. DATE SIGNED

3-9-50

24A. BURIAL/ CREMA-
TION/ REMOVAL (Specify)

Burial

24B. DATE

3-14-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Wm. A. Jackson

25. FUNERAL DIRECTOR

Wm. A. Jackson - 916 Penna. Ave

ADDRESS

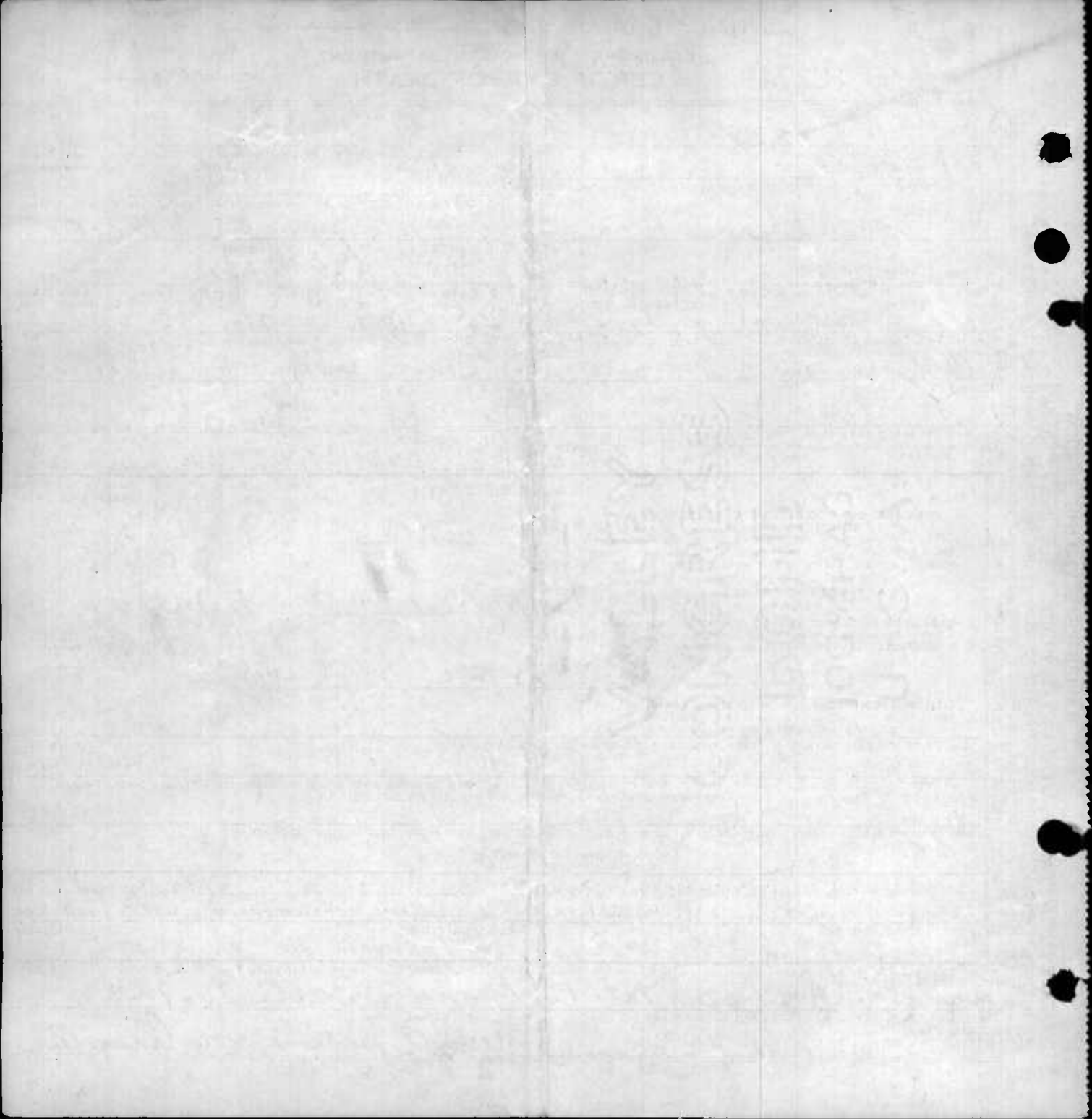
VS 150

2 2 10

121 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2275
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY MAMIE F. JACKSON

2. DATE
OF
DEATH

MARCH 12 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

871 Boyd St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 18-05

O. STREET ADDRESS (If rural, give location)

871 Boyd St.

c. Length of stay in Baltimore

Life

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec - 18-96

9. AGE (In years

last birthday)

53

If Under 1 Year

Months: Days

2 23

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None -

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Rose

14. MOTHER'S MAIDEN NAME

Mollie -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Cook 871 Boyd St.

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

acute Lobr Pneumonia

6 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7 1950, to 3/12 1950, that I last saw the deceased alive on 3/12 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel J. Traub

M. O.

23B. ADDRESS

122 W. See St.

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-15-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A.A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson 916 Penna. Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Charles Monroe*2. DATE
OF
DEATH*3/8/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1324 Smithson St*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*Col*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*10/22/50*9. AGE (in years,
last birthday)*57*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*UNKNOWN*10B. KIND OF BUSINESS OR
INDUSTRY*Retiree*

11. BIRTHPLACE (State or foreign country)

*Bates Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Monroe

14. MOTHER'S MAIDEN NAME

*Mary Smith*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Florance Jones 1324 Smithson St*18. *442X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Hypertensive Arterio
sclerotic Renal Disease*

(C)

INTERVAL BETWEEN
ONSET AND DEATH*3-6-50*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-1*, 19*50* to *3-8*, 19*50* that I last saw the
deceased alive on *3-8*, 19*50* and that death occurred at *8:00 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

McIntire

23B. ADDRESS

805 N French

23C. DATE SIGNED

*3-11-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

A.A. Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

108W

ADDRESS

1500 N. Broadway, Mount Vernon St

NOTES

1. The first part of the paper is devoted to a discussion of the general principles of the theory of the atom. It is shown that the atom is a system of particles which are in constant motion and that the energy of the system is conserved. The second part of the paper is devoted to a discussion of the experimental results which have been obtained in the study of the atom. It is shown that the experimental results are in good agreement with the theoretical predictions. The third part of the paper is devoted to a discussion of the applications of the theory of the atom. It is shown that the theory of the atom has many important applications in the fields of physics, chemistry, and biology.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 2277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JUNE

TOMLIN

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5-02

D. STREET ADDRESS (If rural, give location)

203 East Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

88

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Penman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

KENNETH LEE 110 C. Lexington

18.

E916.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Extensive third degree burns of 100% of body

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

203 East Street

5/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 11-1950

3 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Mattress afire--clothes ignited

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

23B. CHIEF MEDICAL EXAMINER..... ☒

ASSISTANT MEDICAL EXAMINER..... ☐

M.D.

MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

3-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

B. C. County, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

David S. Leach, Jr. 1304 Central Ave

VS 151

N-948. v

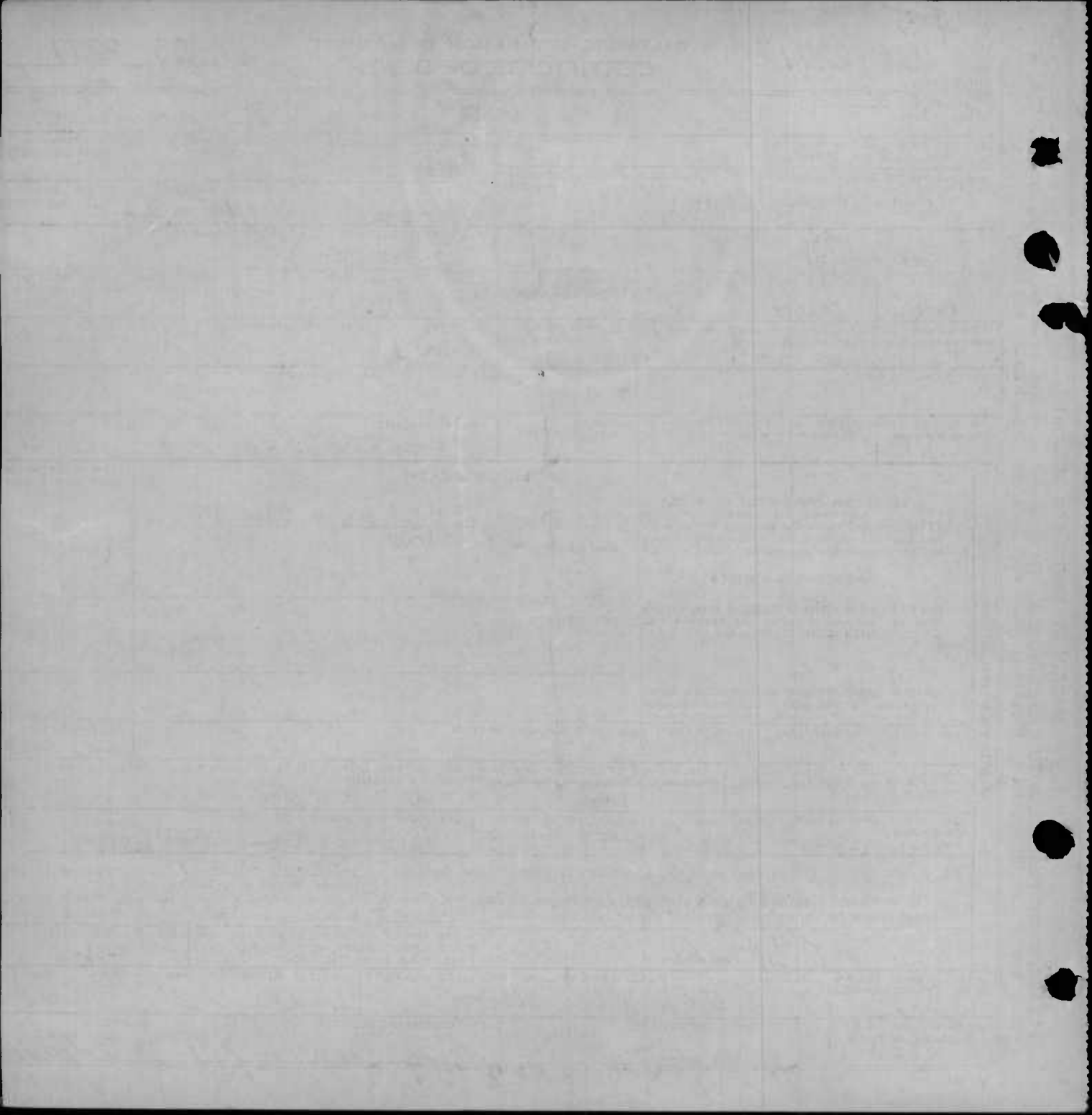
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181

V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Terminal Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral anoxia

DUE TO

(C) operative cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1950 to March 12, 1950 that I last saw the deceased alive on March 11, 1950, and that death occurred at 7:05 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MAR 13 1950

LAZZATI

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2278

50 2278

Mrs. Virginia Lazzati

2. DATE OF DEATH March 12, 1950

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 27-07D. STREET ADDRESS (If rural, give location)
2818 Chesley Ave

36 yrs

Yrs. Mos. Days

F.

W.

Married

June 9 1893

56

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Terminal Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral anoxia

DUE TO

(C) operative cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1950 to March 12, 1950 that I last saw the deceased alive on March 11, 1950, and that death occurred at 7:05 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

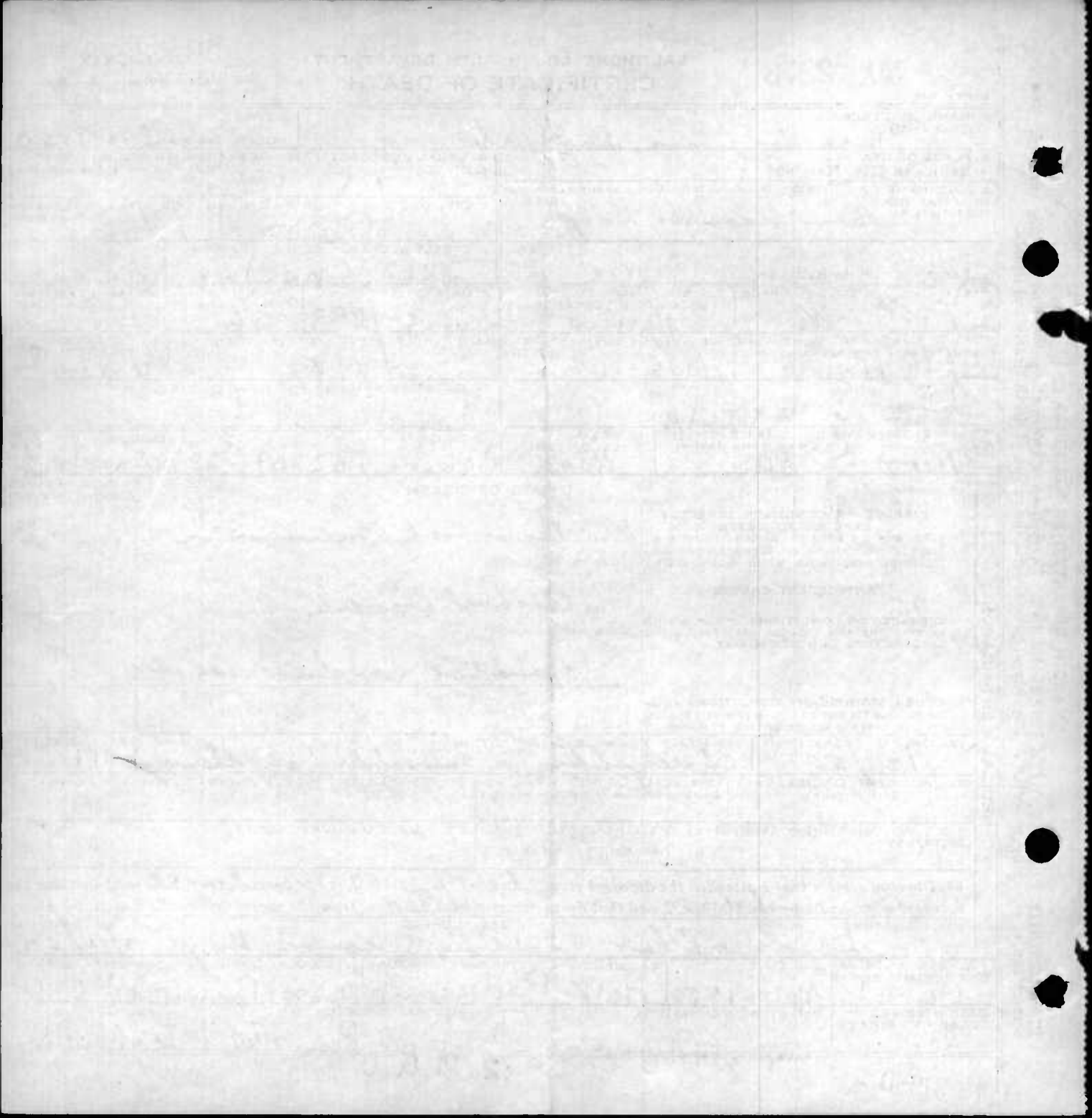
ADDRESS

VS 150

MAR 13 1950

2278

127a



B-620

50 2279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2279
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZA BURKE

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3545 Chestnut Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3545 Chestnut Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 19, 1885

9. AGE (In years,
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

- ?

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Vandegrift

14. MOTHER'S MAIDEN NAME

Alice Booge

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

(If yes, give war or dates of service)

12-16-9975

17. INFORMANT

Mary A. Reedy 3161 Remond Rd.

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Anterograde Heart Disease
a Congestive Heart Failure 1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) 2 Diabetes Mellitus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to March 11, 1950 that I last saw the deceased alive on March 11, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenath

23B. ADDRESS

548 W 36 St

23C. DATE SIGNED

3/13/50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

Paul C. Chismuth Jr. 3615-11 Chestnut Ave

ADDRESS

MAR 13 1950

VS 150

1 550000 2281

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WALTON
SONS
INC.

10-10

4

N-162 CERTIFICATE CORRECTED

3-13-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2280

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE MARY

2. DATE OF DEATH

10 March 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

36 Franklin Sq. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-01

D. STREET ADDRESS (If rural, give location)

4204 Mary Avenue

C. Length of stay in Baltimore

life

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 13, 1874

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas H. Waldhauser

14. MOTHER'S MAIDEN NAME

Mary Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas H. Neuberger-son-4208 Mary Ave.

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Posterior myocardial infarction 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary thrombosis 1 day

DUE TO

(C) Atherosclerosis

not known

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus 5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7 March, 1950 to 10 March, 1950 that I last saw the deceased alive on 10 March, 1950 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1950

VS 150

Thurston Williams, M.D.

Schimunek Funeral Home, Inc.

2603-305 E. Madison St.

61

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH F. PROCHASKA

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 618 N. Streeper St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

D. STREET ADDRESS (If rural, give location)

618 N. Streeper St.

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 19, 1880

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Dvorak Brothers

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Prochaska, 618 N. Streeper St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Failure

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis - generalized

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

☐

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Feb. 1950 to March 12, 1950, that I last saw the
deceased alive on March 11, 1950, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Chinski

M. D.

23B. ADDRESS

2623 E. Madison St.

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

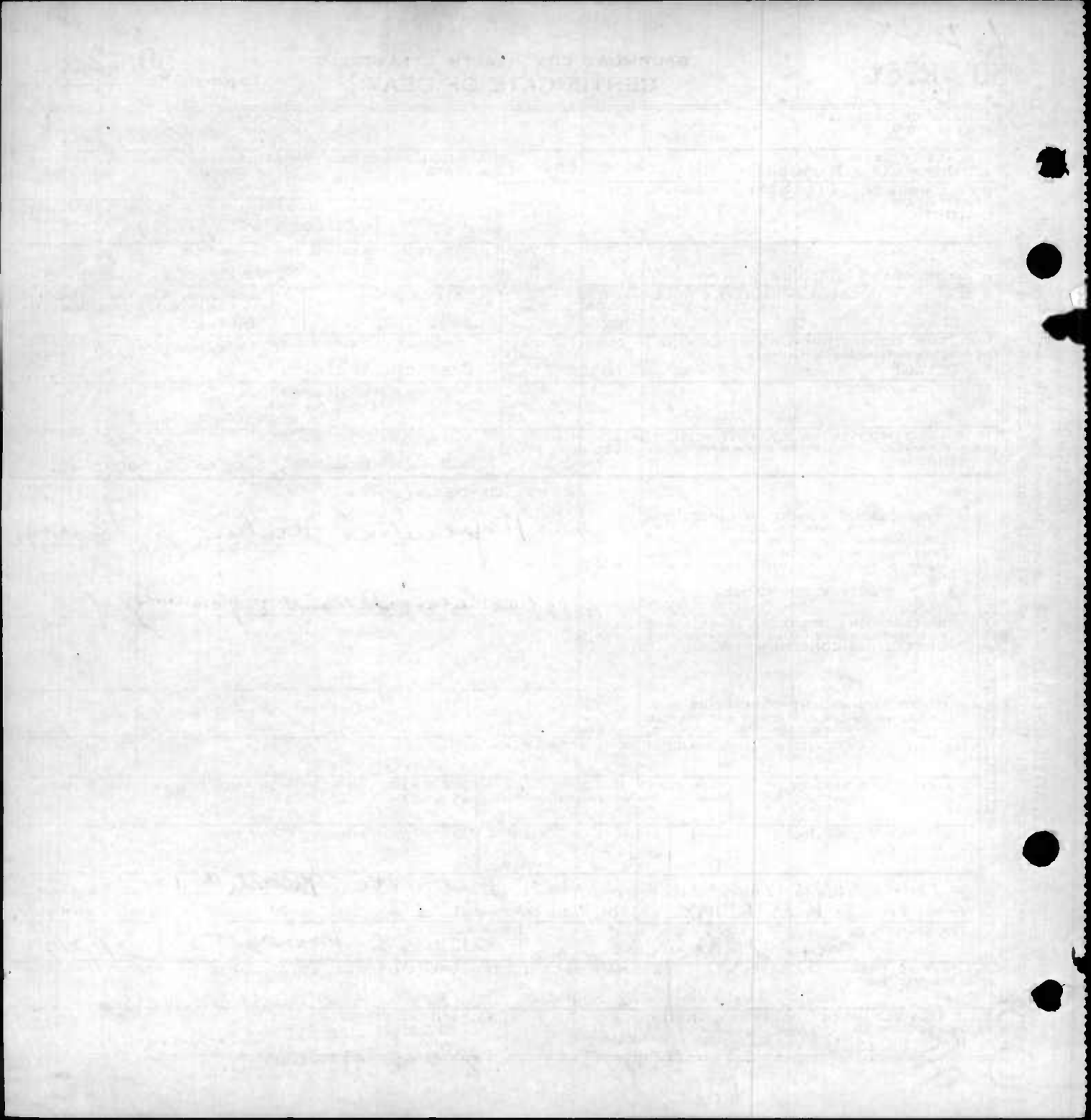
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

2601 E. Madison St.



K-620
50 2282BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2282

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM KORSCH

2. DATE
OF
DEATH

3-13-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

60 520 S. ROSE ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 1-23

D. STREET ADDRESS (If rural, give location)

520 S. ROSE ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-21-1863

9. AGE (In years

last birthday)

86

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM KORSCH

14. MOTHER'S MAIDEN NAME

MARGARET MOSSBACH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ANNA KRUTSCH

ADDRESS

SAME

18. 334X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

acute

Cerebral (senile) arterio-sclerosis ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1950, to March 13, 1950, that I last saw the
deceased alive on March 12, 1950, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1950

Winifred M. Williams

Lilly & Ziller, Inc. BALTO. MD.

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

W. H. H. H.

W. H. H. H.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

455
50 2283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2283
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) William Coleman 530160	
2. DATE OF DEATH MAR 12 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 7-04	
7. STREET ADDRESS (If rural, give location) 1624 E. Barnes St.	
8. Length of stay in Baltimore Yrs. Mos. Days	
9. SEX male	
10. COLOR OR RACE colored	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
12. DATE OF BIRTH 3-25-11	
13. AGE (In years, last birthday) 38	
14. Under 1 Year Months: Days	
15. Under 24 Hours Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
17. KIND OF BUSINESS OR INDUSTRY Real Estate, Corp.	
18. BIRTHPLACE (State or foreign country) Va	
19. CITIZEN OF WHAT COUNTRY?	
20. FATHER'S NAME Beverley Coleman	
21. MOTHER'S MAIDEN NAME Susie Maker	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
23. SOCIAL SECURITY NO.	
24. INFORMANT JOHNS HOPKINS HOSPITAL	
25. ADDRESS	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of stomach with DUE TO (B) hepatic + pulmonary metastases DUE TO (C) Laceration of liver + hemorrhage due to liver biopsy INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
20. DATE OF OPERATION 3-12-50	
21. MAJOR FINDINGS OF OPERATION	
22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
23. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
26. TIME (Month) (Day) (Year) (Hour) OF INJURY	
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from 2-28-1950 to 3-12-1950 that I last saw the deceased alive on 3-12-1950 , and that death occurred at 5:20 A.M. , from the causes and on the date stated above.	
30. SIGNATURE William D. Winterhik M. O.	
31. ADDRESS JOHNS HOPKINS HOSPITAL	
32. DATE SIGNED March 12, 1950	
33. BURIAL, CREMATION, REMOVAL (Specify) Burial	
34. DATE 3/15/1950	
35. NAME OF CEMETERY OR CREMATORY Mt Calvary Ct.	
36. LOCATION (City, town, or county) (State) A.A.Co., Md.	
37. DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1950	
38. REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
39. FUNERAL DIRECTOR L. D. Brown & Son - Montgomery St	
40. ADDRESS	

98881

46B

CERTIFICATE OF DEATH

Full name of deceased

Age of deceased

Sex of deceased

Date of death

Signature

Signature

BROOKS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 Registered No. 50 2284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Estella Brooks2. DATE
OF DEATHMarch 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

47 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2-12-88

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Pittsburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William J. Cook

14. MOTHER'S MAIDEN NAME

Laura Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

203X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

multiple Myeloma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1950, to 3-10, 1950, that I last saw the deceased alive on 3-10, 1950, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Evan Galt

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

March 13, 1950Wm. J. Williams, M.D.Loring Byers, 5005 Ph. 4606 Ave.

VS 150

09500102200

55E

CERTIFICATE OF DEATH

1952
4/7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2285

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George J. Schnader*2. DATE
OF
DEATH*Mar 11th 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1526 N. Madera St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*Oct 24th 1884*9. AGE (In years
last birthday)*65*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Maintenance Man*10B. KIND OF BUSINESS OR
INDUSTRY*IRON FOUNDRY*

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Wm Schnader 1526 N Madera St*18. *DOYX*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Pulmonary tuberculosis**911 54p*

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Arteriosclerosis**with blood*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10 Oct*, 19*48*, to *11 Mar*, 1950, that I last saw the
deceased alive on *10 Mar*, 1950, and that death occurred at *10 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Howard Hoffman

23B. ADDRESS

1513 N. M. M. M. Ave

23C. DATE SIGNED

*13 Mar 50*24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial Mar 1950 Balto**balto**E. North Ext*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 13 1950**Huntington Hillman**Leah B. Joseph 1703 N Patterson Park*

VS 150

33630

13B

are

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1920

Franklin D. Roosevelt

100 West 16th Street

New York City

March 1, 1920

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
J. Edgar Hoover

Director

U. S. Department of Justice

Washington, D. C.

Enclosed for you are two copies of a report of the

Commissioner of Health, State of New York, dated February 27, 1920.

I am, Sir, very respectfully,
Yours truly,
J. Edgar Hoover

Director

U. S. Department of Justice

Washington, D. C.

Very truly yours,
J. Edgar Hoover

Director

U. S. Department of Justice

Washington, D. C.

Mr. Goodman

C-616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2287

Registered No.

50 2287
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Frederick E Crawford

2. DATE
OF
DEATH

3/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-19

36
c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4000 Mortimer Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 9-1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec Co

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Charles E. Crawford

14. MOTHER'S MAIDEN NAME

Mollie Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-09-9195

17. INFORMANT

ADDRESS

Mary E. Crawford 4000 Mortimer Ave

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid hemorrhage 24 hrs.
post-operative

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fractional spinal anesthesia

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

District duodenal ulcers

19A. DATE OF OPERATION

3/8/50

19B. MAJOR FINDINGS OF OPERATION

District Duodenal ulcers.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26/50 to 3/12/50, that I last saw the
deceased alive on 3/11/50 and that death occurred at 2 p.m. from the causes and on the date stated above.

23A. SIGNATURE

G. F. Hawkins, Jr.

M. D.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Taylorsville Cem

24D. LOCATION (City, town, or county) (State)

Carroll Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

E. W. Lamoreau 4510 Leabsty Hgts Ave

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU

RECEIVED
JAN 10 1910

1910

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

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RECEIVED

RECEIVED

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2288

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM GEORGE BOUCSEIN

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

40 ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Batonville

D. STREET ADDRESS (If rural, give location)

5. Windcrest Ave WYNDCREST

c. Length of stay in Baltimore

20

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 25, 1875

9. AGE (In years last birthday)

75

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LOUIS BOUCSEIN

14. MOTHER'S MAIDEN NAME

CAROLINE OTTO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dora B. Boucsein 5 Wyndcrest Ave. Catonsville, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ARTERIO SCLEROTIC CARDIO -
DUE TO VASCULAR DISEASE & GRADE

ANTECEDENT CAUSES

(B) IN DECOMPENSATION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10/1950 to 3/12/1950 that I last saw the deceased alive on 3/12, 1950 and that death occurred at 11:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John B. Shes M. D.

50. Queen Mary

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-15-50

Loudon Park

Fred. Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr.

John O. Mitchell & Sons 1900 Eutaw Place

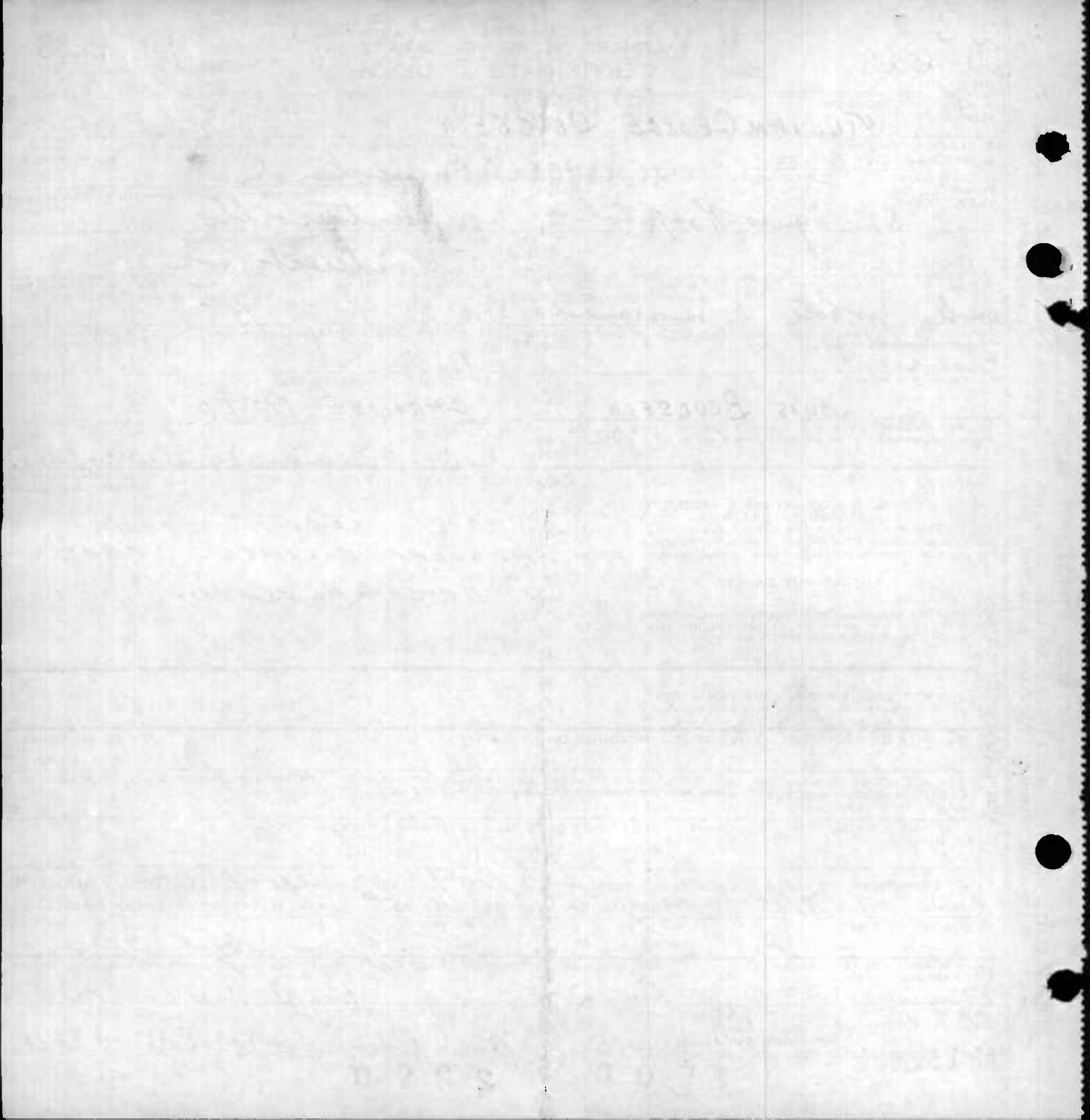
MAR 13 1950

19500002200

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2289

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. LOHINSKI

2. DATE OF DEATH
March 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

6 N. Potomac Street

D. STREET ADDRESS (If rural, give location)

6 N. Potomac Street

c. Length of stay in Baltimore

52

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

February 14, 1886

9. AGE (In years last birthday)

64

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Can Mfg. (M)

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Teresa Wojciechowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
212-05-9308

17. INFORMANT ADDRESS
Mrs. Stella Lohinski, 6 N. Potomac St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary Edema
+ Chronic Myocarditis & heart failure

1 week

3 years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1949, to Mar. 12, 1950, that I last saw the deceased alive on Mar. 11, 1950, and that death occurred at 12:31 m., from the causes and on the date stated above.

23A. SIGNATURE

Edman Schuyler M.D.

23B. ADDRESS

3426 Bank St

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

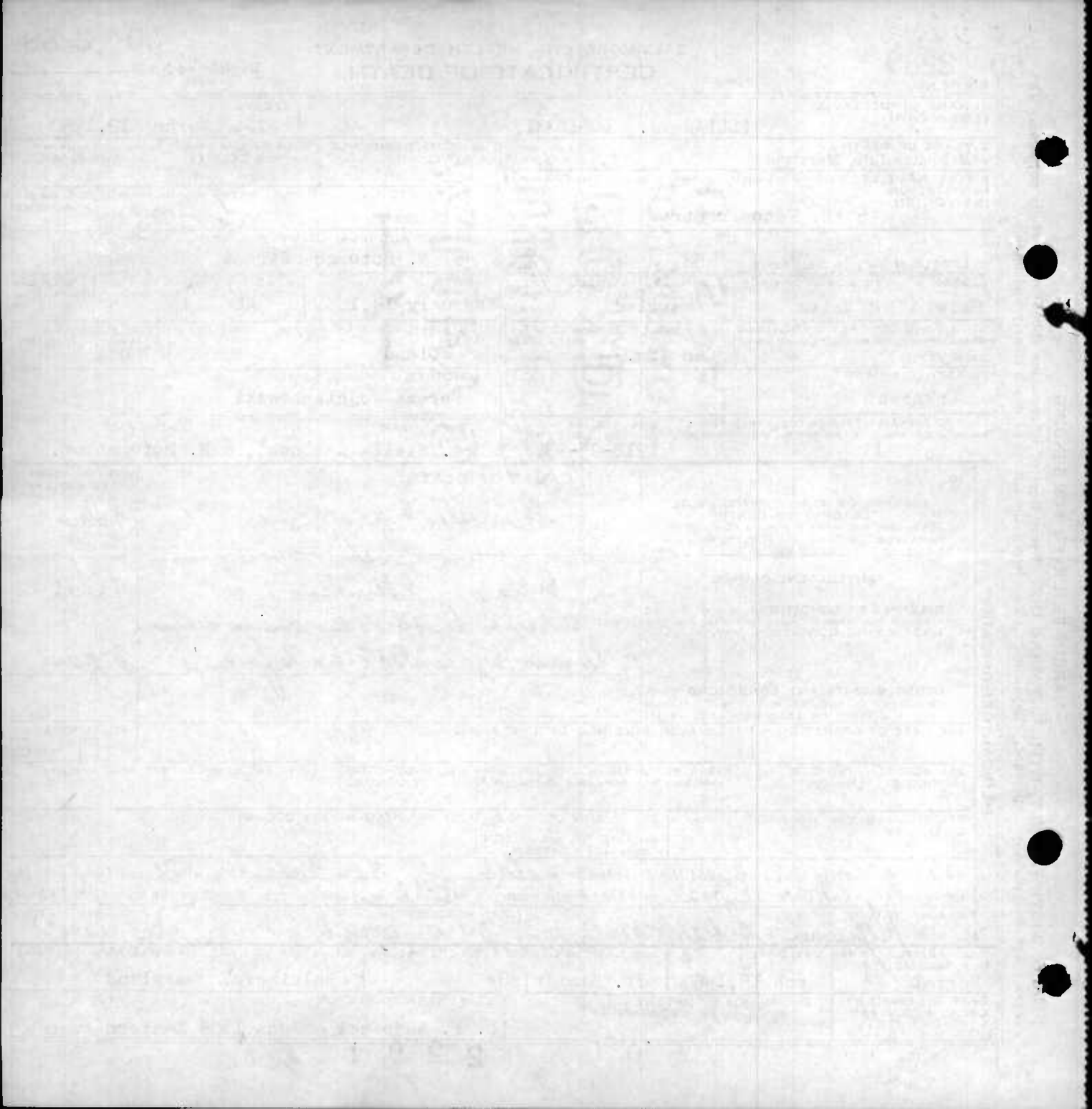
REGISTRAR'S SIGNATURE

Edman Schuyler M.D.

25. FUNERAL DIRECTOR

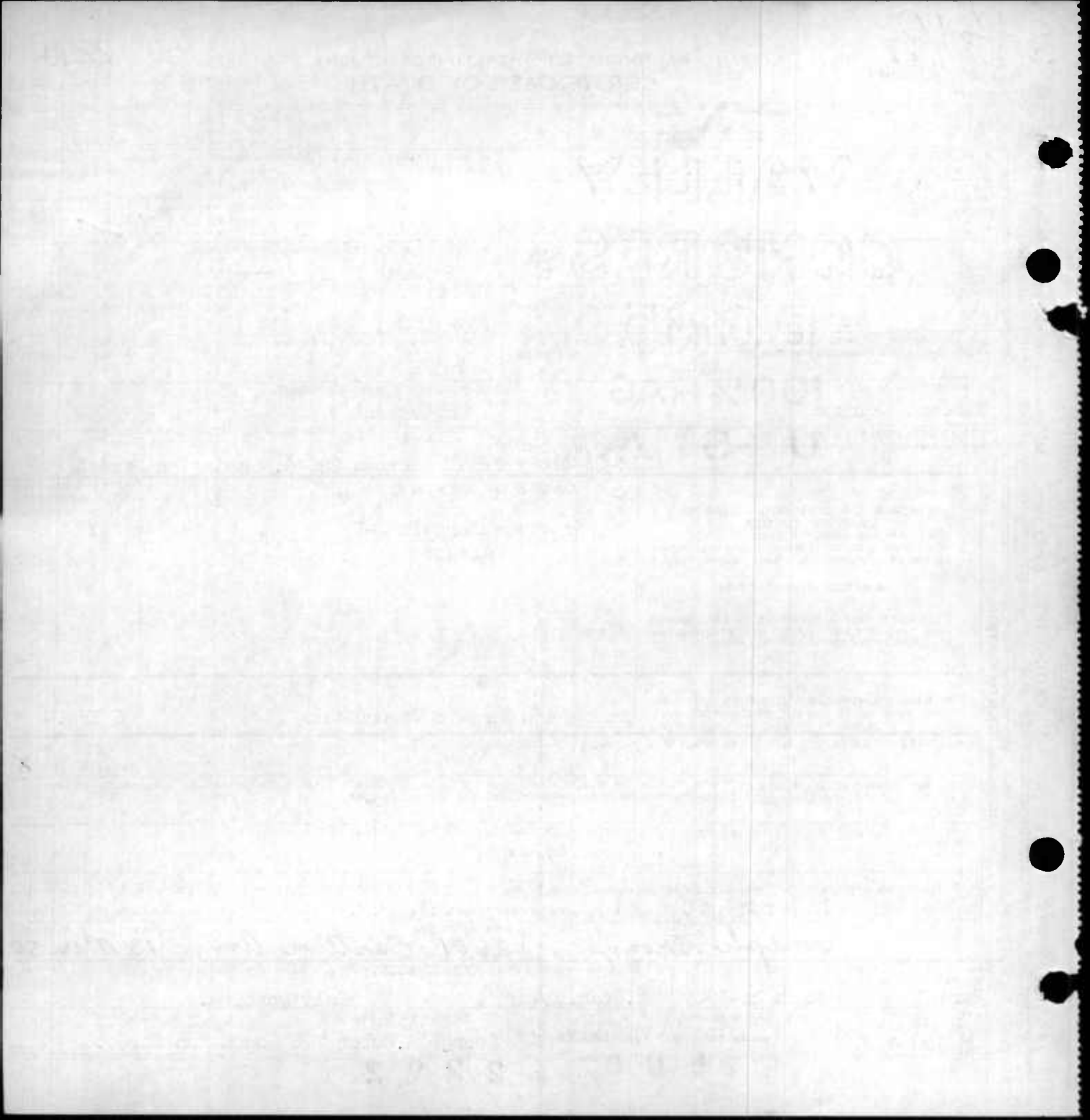
ADDRESS

M. F. Sadowski & Sons, 1808 Eastern Avenue



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2290
Registered No. _____

BIRTH NO. 50 2290		1. NAME OF DECEASED (Type or Print) Frank Skorupa		2. DATE OF DEATH March 12-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 116 S. Wolfe Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31 2-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Home		c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		6. STREET ADDRESS (If rural, give location) 116 South Wolfe Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1890 ?		9. AGE (In years last birthday) 59 10 Under 1 Year Months: _____ Days: _____ 11 Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Vincent Skorupa		14. MOTHER'S MAIDEN NAME Magdalena ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-05-4989		17. INFORMANT ADDRESS Felix Skorupa 226 S. Washington Street	
18. 4 yrs. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic C-V Disease (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Arteriosclerotic C-V Disease		INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Emphysema. Chronic Bronchitis				5 Yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 10 , 19 48 , to March 12 , 19 50 , that I last saw the deceased alive on 12 March, 1950 , and that death occurred at 2:12 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Joseph Drozd		23B. ADDRESS 2601 Eastern Ave.		23C. DATE SIGNED 13 Mar. 50	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE March 16-1950		24C. NAME OF CEMETERY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR George A. Weber		ADDRESS 705 South Ann Street	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Riley

2. DATE
OF
DEATH

Mar. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

344 Camel St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 442X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia and Hemorrhage from this
left middle cerebral artery

DUE TO

(B) Hypertensive Cardiovascular
Disease

DUE TO

(C) Arteriosclerotic Nephrosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

all the

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1950

VS 150

5000

THE CHARLES R. LAW MORTUARY

2802-03 MADISON AVENUE

BALTIMORE 1, MD. 131a

STATE OF TEXAS
COUNTY OF DALLAS

Black River

Mr. J. M. [illegible]
[illegible]
[illegible]

18 [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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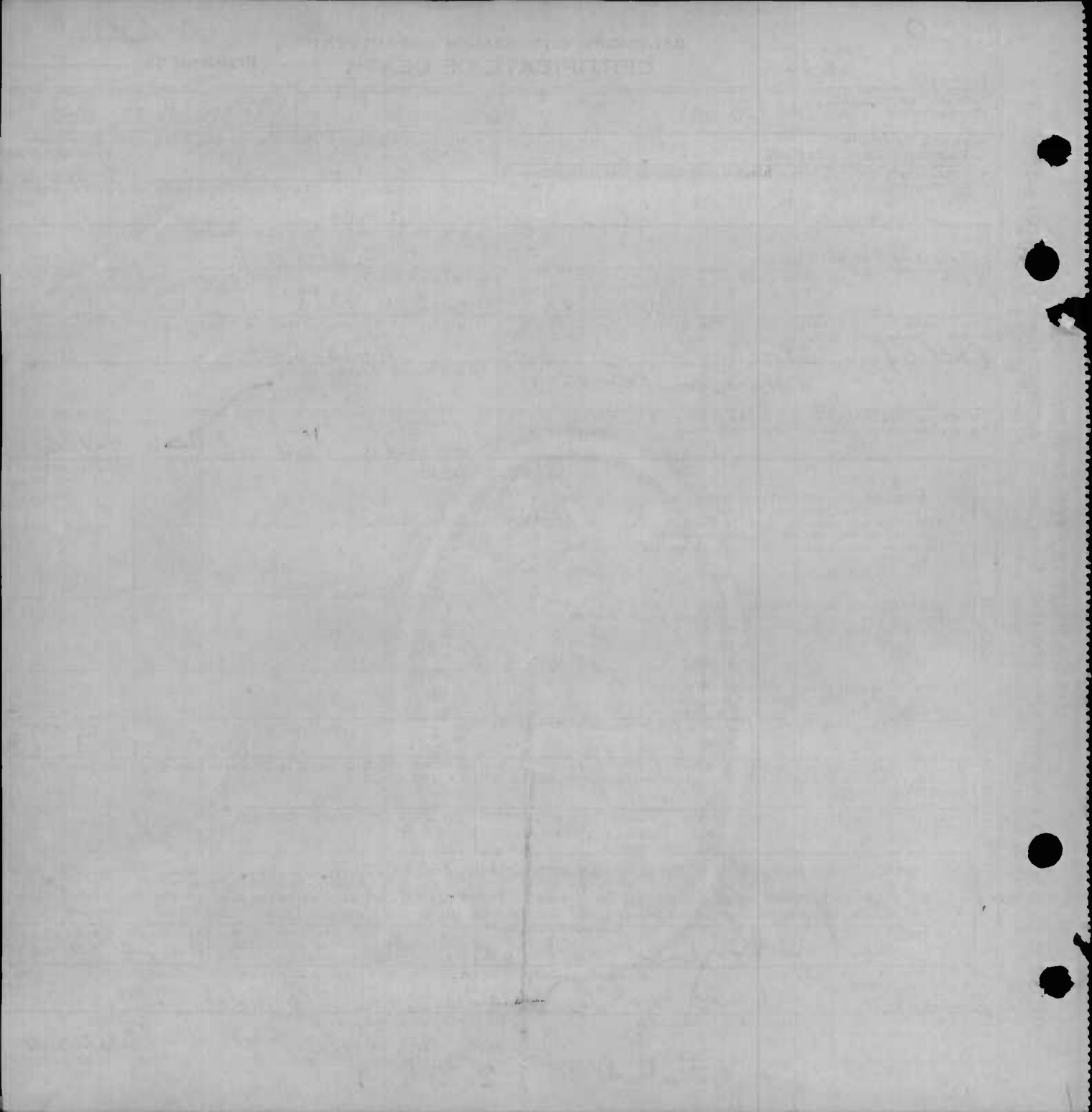
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2292
Registered No. _____

BIRTH NO. 50 2292		Vascil Sirko		2. DATE OF DEATH March 12, 1950	
1. NAME OF DECEASED (Type or Print)		Vascil Sirko		2. DATE OF DEATH March 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2314 E. Biddle St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-04			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2314 E. Biddle St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH March 4 1888	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bethlehem Steel		10B. KIND OF BUSINESS OR INDUSTRY LABORER - STEEL MILL	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME an Sharrows Point		14. MOTHER'S MAIDEN NAME W			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS alexander Cole 2314 E. Biddle		
18. 322.0 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute alcoholism DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Insp. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Carl L. Ryan		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED March 13, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-14-50	24C. NAME OF CEMETERY OR CREMATORY Holy Trinity Russian Can	24D. LOCATION (City, town, or county) (State) Elk Ridge Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR John M. Weber		ADDRESS 401 S. Chester st	

MAR 13 1950

Intestine, stomach, liver, spleen, pancreas, kidneys, lungs, heart, brain, spinal cord, etc. 98242

77c



M-625
50 2293BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2293

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexandra Markinski

2. DATE
OF
DEATH

3-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

1429 REYNOLDS ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

24-01

D. STREET ADDRESS (If rural, give location)

1429 REYNOLDS ST.

C. Length of stay in Baltimore

37 YRS

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV 6 1883

9. AGE (In years
last birthday)

66 67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

POLAND

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

WALTER MARKINSKI 1429 REYNOLDS ST.

ADDRESS

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) ARTERIOSCLEROTIC HEART
DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

1 month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
3/12/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-15-50

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEMETERY

24D. LOCATION (City, town, or county)

A. A. CO.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

Thurston H. H. H. H. H.

25. FUNERAL DIRECTOR

Chas. F. Dyll

ADDRESS

1501 E. Fort Ave

UNITED STATES OF AMERICA

1964

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2294

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>MARTHA FRANCES Miller</i>			2. DATE OF DEATH <i>MARCH 11, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>117 N. Pearl ST</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 4-02</i>		
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>117 N. Pearl ST</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Dec 17, 1876</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Joseph Boden</i>			14. MOTHER'S MAIDEN NAME <i>MARTHA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>MRS MARY RAKE 117 N. Pearl ST.</i>		

18. <i>420.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>
ANTECEDENT CAUSES		(B) <i>Hypertensive cardio vascular disease</i>	<i>4/25/47</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *4/25/47*, 19__, to *3/11/50*, 19__, that I last saw the deceased alive on *3/10/*, 1950, and that death occurred at *A. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry Leelel</i>		23B. ADDRESS <i>1226 Hanover Street,</i>		23C. DATE SIGNED <i>3/11/50</i>	
---------------------------------------	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3. 15. 50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LONDON PARK</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO. MD.</i>	
--	--	-------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1950</i>		REGISTRAR'S SIGNATURE <i>Winston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Harry H. Lyle</i>		ADDRESS <i>4101 Edmondson Ave</i>	
--	--	--	--	--	--	--------------------------------------	--

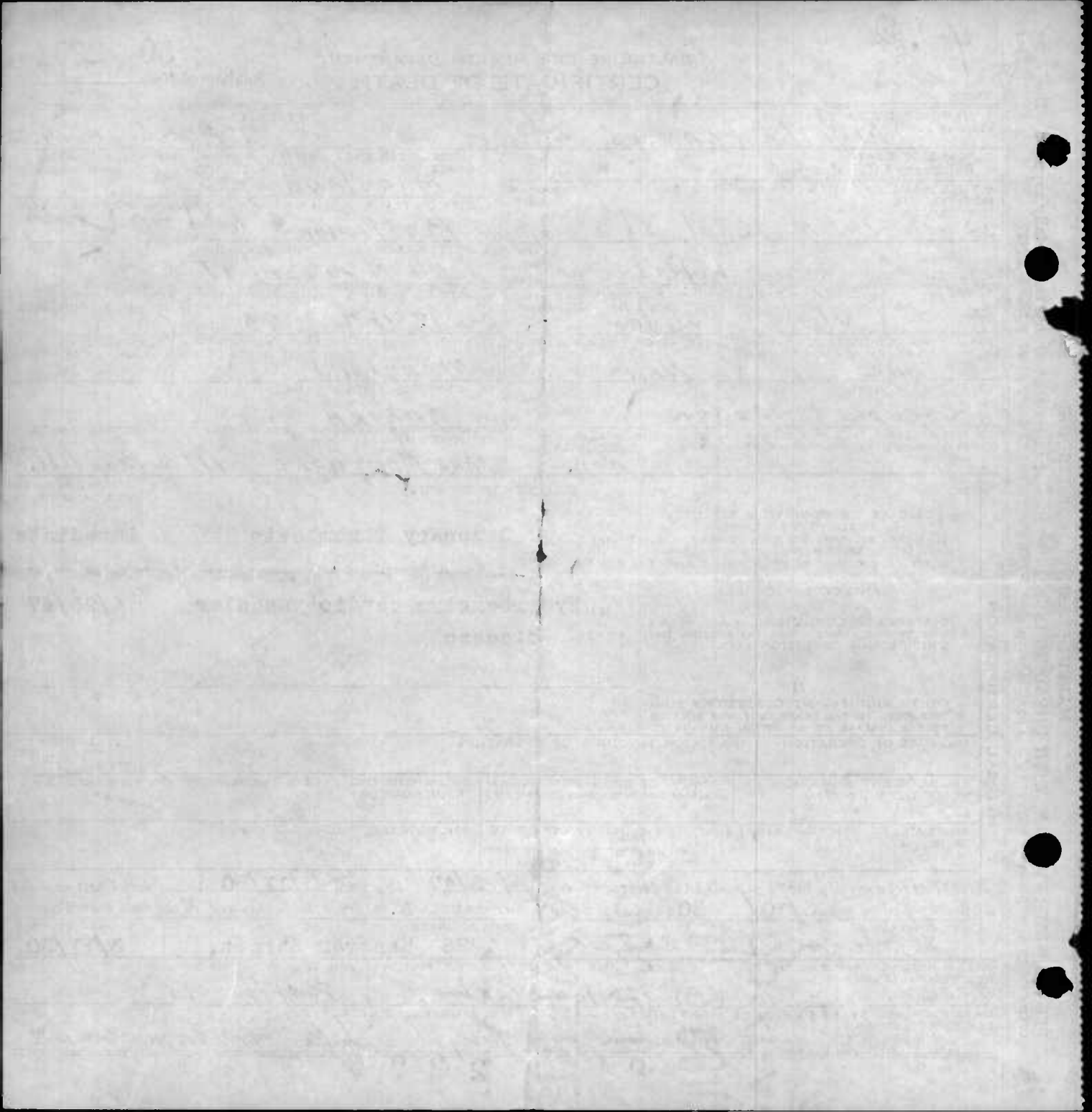
VS 150

0 1 5 0 0 0 0 2 2 9 8

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2295

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS JOSEPH GIBBONS SR.

2. DATE
OF
DEATH

MARCH 11 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)NONE
3403 St. Ambrose Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

3403 SAINT AMBROSE AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY. 27-16

D. STREET ADDRESS (If rural, give location)

3403 ST AMBROSE AVE.

c. Length of stay in Baltimore LIFE.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 4, 1876

9. AGE (In years,
last birthday)

73

H Under 1 Year
Months: Days:H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painting contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Int. & Ext. Decorator

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Gibbons

14. MOTHER'S MAIDEN NAME

Katherine Reddington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Margaret M. Gibbons, above

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CHRONIC MYOCARDITIS JANUARY 22 1950.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHRONIS INTERSTITIAL NEPHRITIS. 1950.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ARTERIOR SCLEROSIS. 1950.

NONE.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 22, 1950, to MARCH 11, 1950, that I last saw the deceased alive on MARCH 11, 1950, and that death occurred at 5.05 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Chas P. Clauter

M. D.

23B. ADDRESS

3013 ST PAUL STREET

23C. DATE SIGNED

MARCH 11 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1950

REGISTRAR'S SIGNATURE

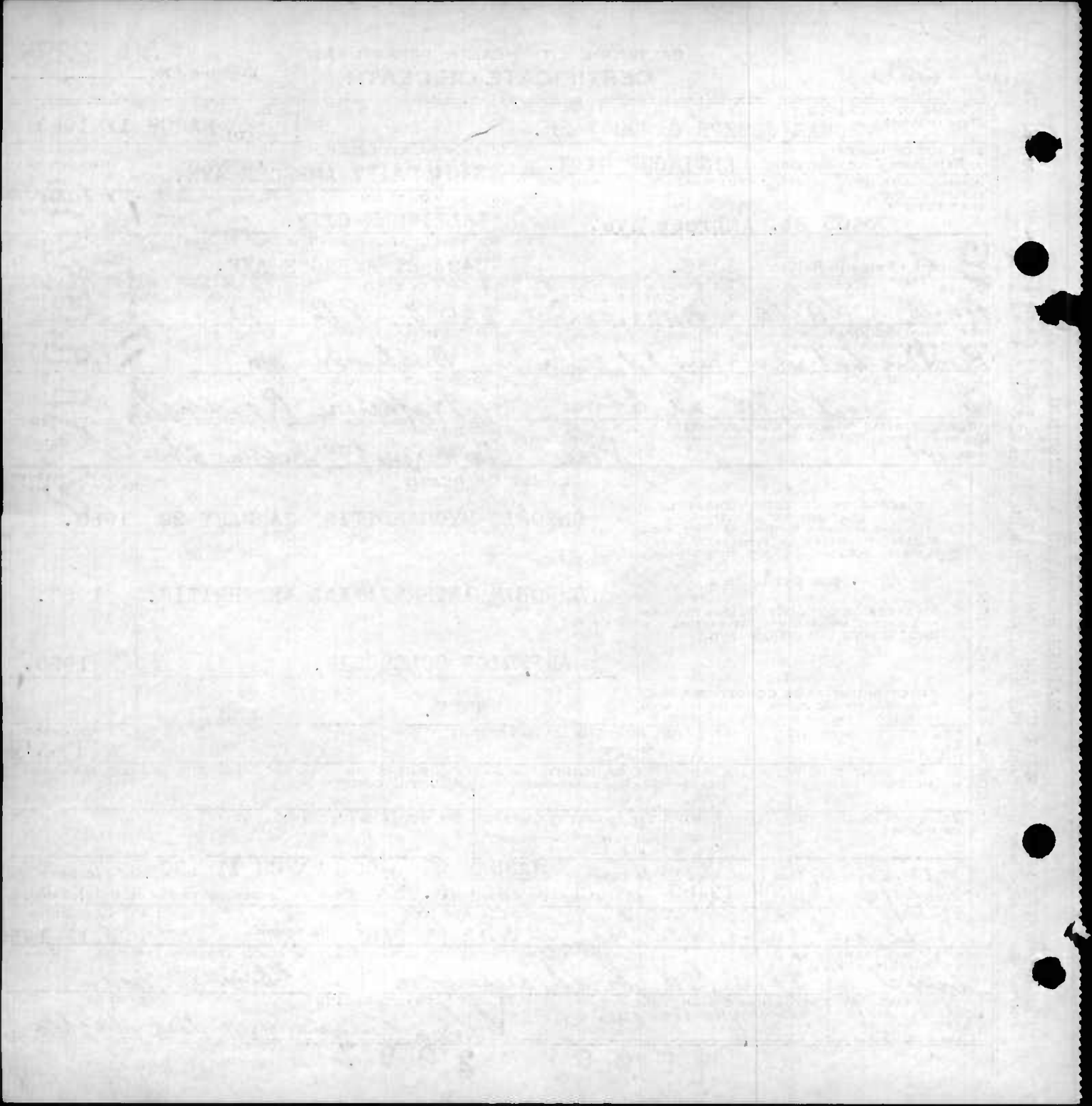
William H. Williams, M.D.

25. FUNERAL DIRECTOR

L. Vernon Lamm

ADDRESS

4611 Park Heights



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2296

Registered No.

50 2296

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LIELA

V.

DAVIS

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

700 Fleet Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2809 Norfolk Avenue

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 28, 1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas E. Roberts

14. MOTHER'S MAIDEN NAME

Mary E. Mills,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Morecroft, 3800 Edgewood Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. G. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....23C. DATE SIGNED
3-10-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

3/13/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

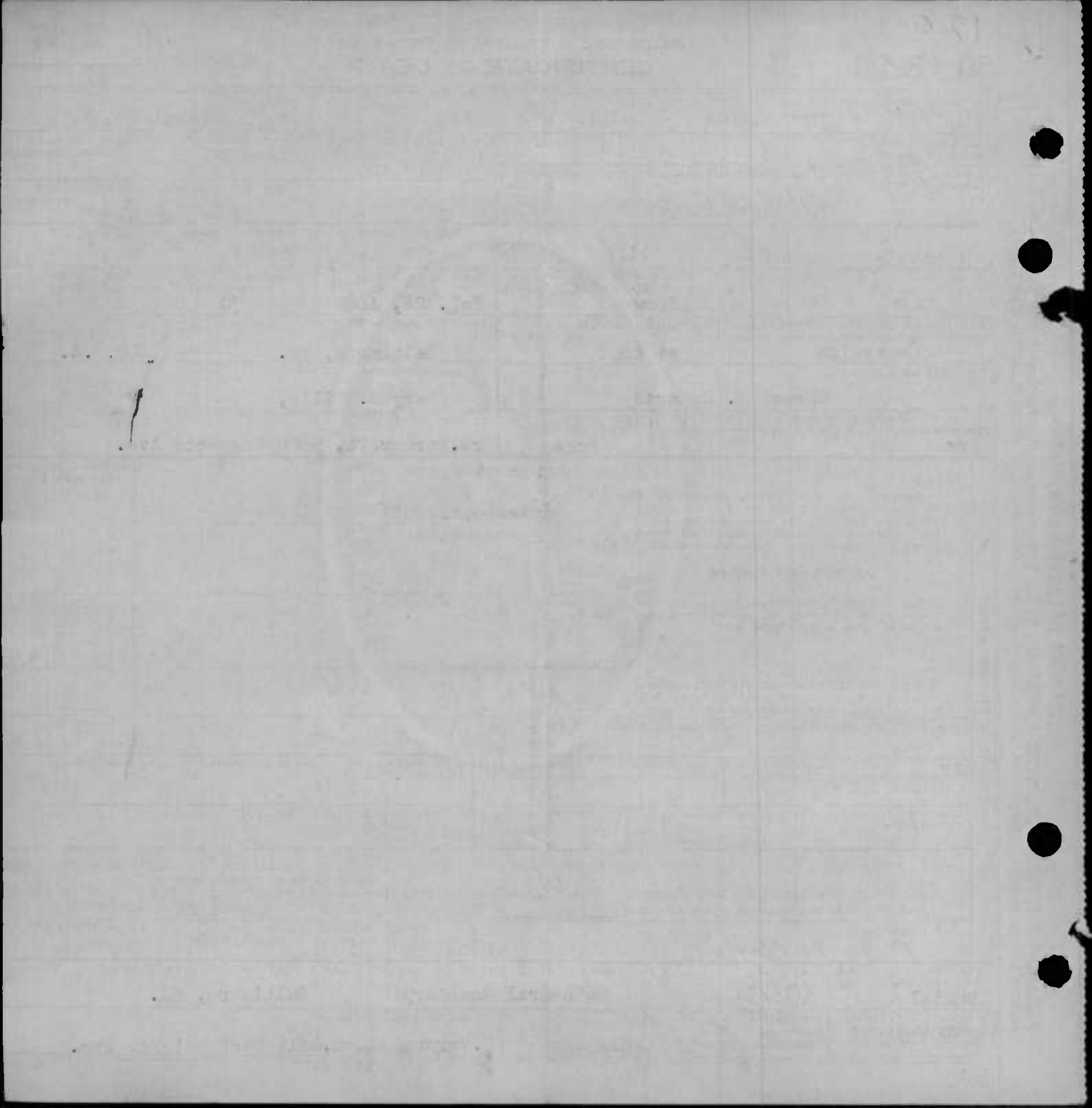
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

C. Vernon Lemon, 4611 Park Heights Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margarete Kliem

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4702 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ruxton

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 18, 1872

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Berlin, Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Kliem

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Kliem, Jr., Ruxton, Md.

18. 4702-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardio

15 Oct-46

(C) DUE TO

Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1946 to 12 Mar, 1950, that I last saw the deceased alive on 11 Mar, 1950, and that death occurred at 230 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Edwards

M. O.

23B. ADDRESS

2746 Alameda

23C. DATE SIGNED

13-Mar-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

William Cook, Inc., 1217 St. Paul St.

25. FUNERAL DIRECTOR

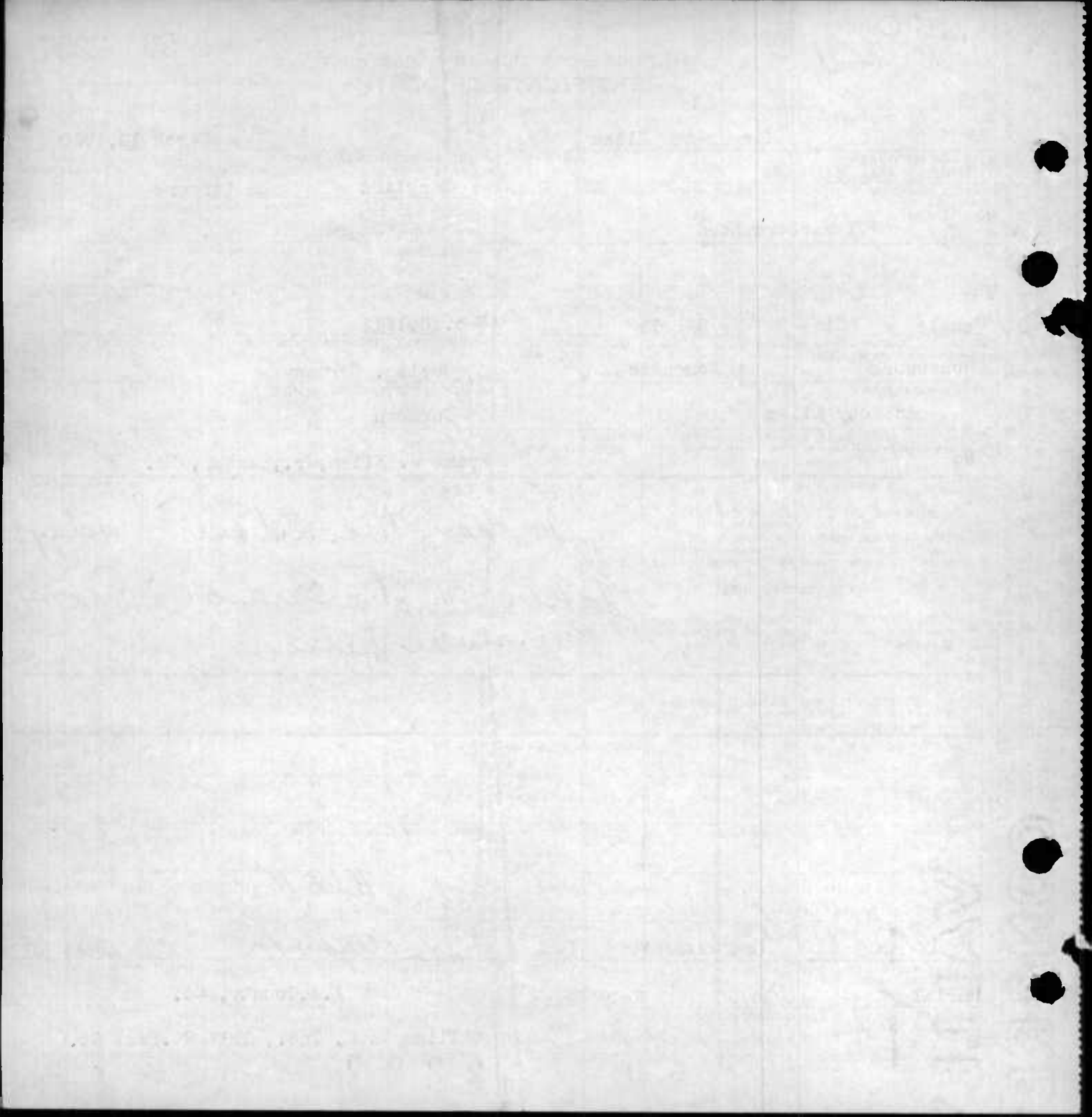
ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 150

5002222

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida May Wej Jay

2. DATE
OF
DEATH

Mar. 12 '50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1217 Gauge Ch.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work doing most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Cole

14. MOTHER'S MAIDEN NAME

Mary J. Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary infarction, + 3 wks
DUE TO pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerotic cardio-vascular disease.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 5, 1950 to Mar. 12, 1950 that I last saw the
deceased alive on Mar. 12, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Evan Calkins

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave - Extended

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

Huntington, Michigan, Md.

25. FUNERAL DIRECTOR

ADDRESS

479 Oak Inc. 1217 St. Paul St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

[Faint, mostly illegible handwritten text follows, likely containing personal and medical details.]

CERTIFICATE CORRECTED 2-22-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 2299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD S. FRENCH

2. DATE OF DEATH Mar. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

2329 Arunah Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-05

D. STREET ADDRESS (If rural, give location)

2329 Arunah Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24, 1881

9. AGE (in years last birthday)

68 58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

Gen. Practice

11. BIRTHPLACE (State or foreign country)

Whitefield, N.H.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Kilburn Daniel French

14. MOTHER'S MAIDEN NAME

Martha Howland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Ruby L. French, 2329 Arunah Ave.

18.

352X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

year -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Left Hemiplegia

3 day -

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Right Hemiplegia

1948

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1949, to 3-12, 1950 that I last saw the deceased alive on 3-7-50, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William C. Jearns

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

William C. Jearns

25. FUNERAL DIRECTOR

William Cook, Inc. 1217 St. Paul St.

ADDRESS

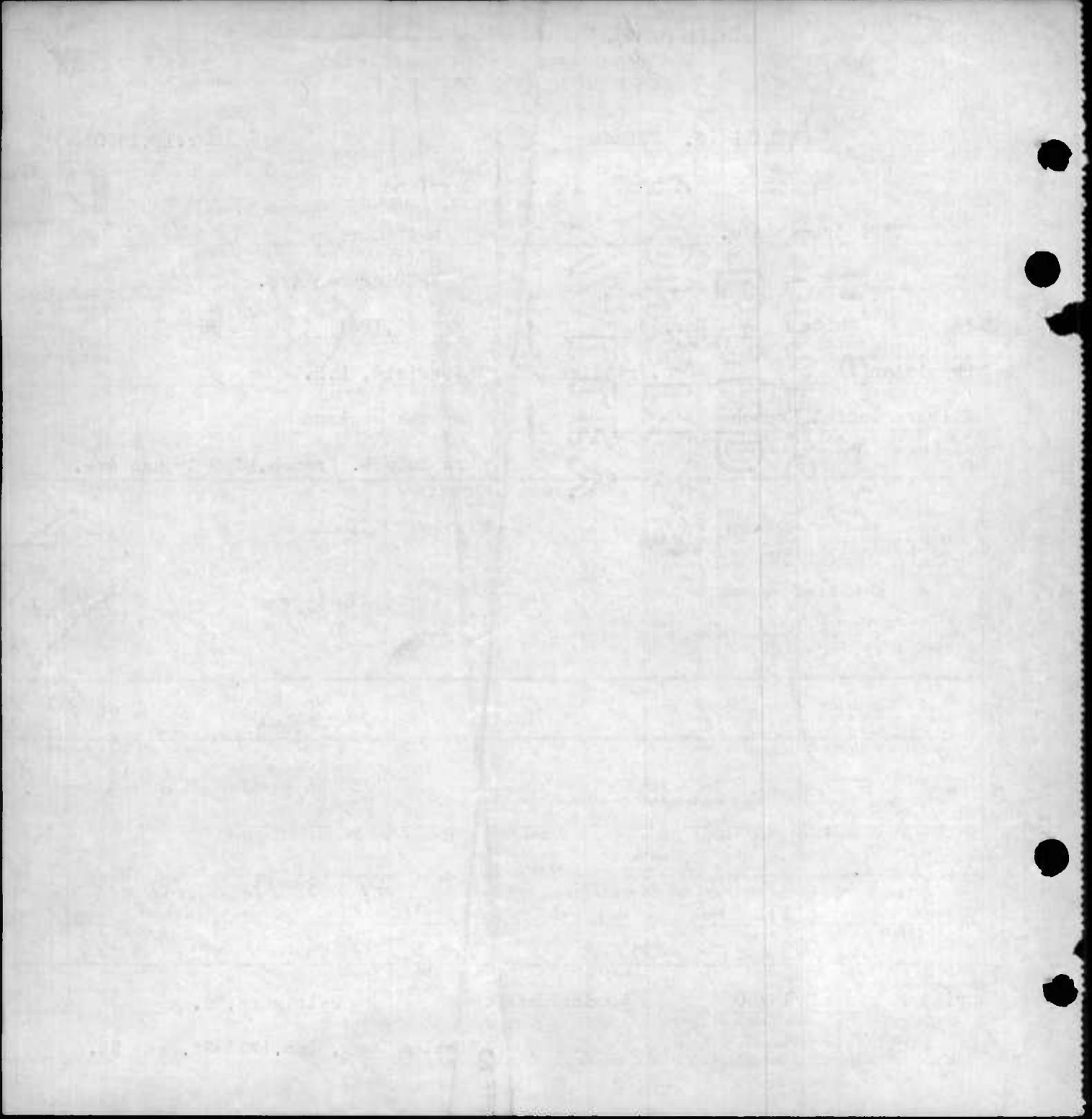
VS 150

V3292

83)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



A-5 20
50 2300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2300

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allen

2. DATE
OF
DEATH

March 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-02

D. STREET ADDRESS (If rural, give location)

4702 Furley Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Allan P. Amoss

14. MOTHER'S MAIDEN NAME

Estelle Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vernon Pearl 1839 N. Castle st

18. E 819.4 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Rupture of liver

DUE TO

Rupture of kidney, right

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Compound fracture of skull

DUE TO

Compound fracture mandible

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

6200 block Belair Rd.

27/34

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 13, 1950 2:15 A.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto into pole

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

March 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. G. 1217 St. Paul St.

ADDRESS

VS 151

N-803.2

420 72 302

170c

✓

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

State of New York

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

County of

City of

Town of

Ward of

Block of

Lot of

Section of

Range of

50 2301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2301
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRED SCHAEFFER

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

313 N. Green Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 15, 1890

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

On Street selling

11. BIRTHPLACE (State or foreign country)

Louisville, Ky.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Schaefer

14. MOTHER'S MAIDEN NAME

Elizabeth (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eleanor Schaefer, 313 N. Green St.,

18. 4-0-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
NOT WHILE
WHILE AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*P. J. Sullivan*23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
3/13/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

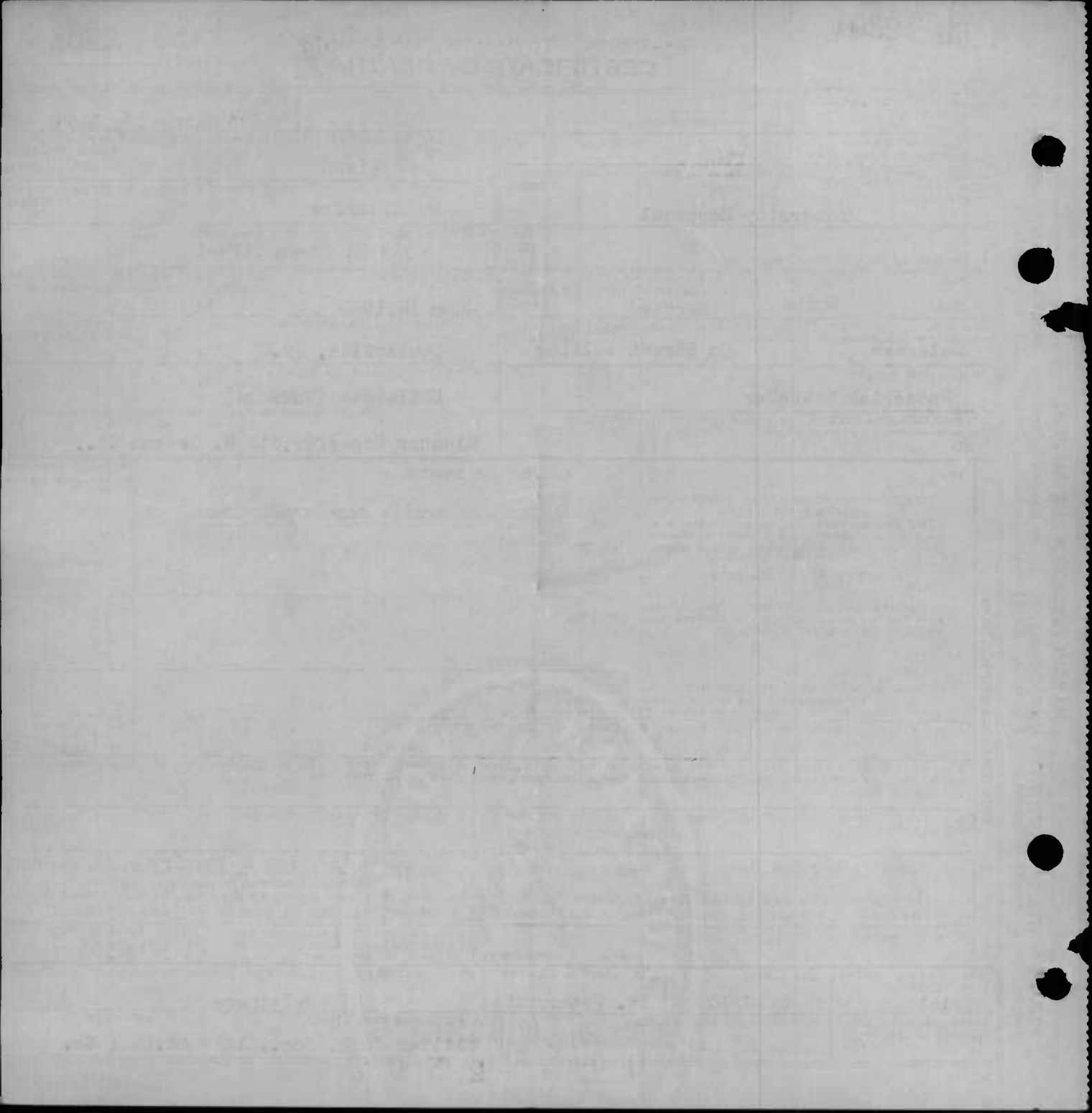
REGISTRAR'S SIGNATURE

William Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Margaret Byrne*2. DATE OF DEATH
March 12 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1400 N. Lexington St.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland* B. COUNTY *19-02*B. FULL NAME OF HOSPITAL OR INSTITUTION
*Aged Women's and Aged Men's Homes*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
*1400 N. Lexington Street*5. SEX
*Female*6. COLOR OR RACE
*White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
*Single*8. DATE OF BIRTH
*June 10, 1869*9. AGE (In years last birthday)
*80*If Under 1 Year Months: Days
9 2

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
*Michael Byrne*14. MOTHER'S MAIDEN NAME
Margaret Keily

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT
*P. H. Read*ADDRESS
*1400 N. Lexington Street*18. *470.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary Occlusion*
DUE TO*2 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arteriosclerotic Heart Disease*
DUE TO*3-4 yrs*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 10, 1949*, to *March 12, 1950*, that I last saw the deceased alive on *March 8, 1950*, and that death occurred at *8:00 a. m.*, from the causes and on the date stated above.23A. SIGNATURE
Newland Edwards Day

M. D.

23B. ADDRESS
*4-E-33rd St - 18*23C. DATE SIGNED
*March 13 1950*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE
*3/15/50*24C. NAME OF CEMETERY OR CREMATORY
*St. Ann's Cemetery*24D. LOCATION (City, town, or county)
Baltimore

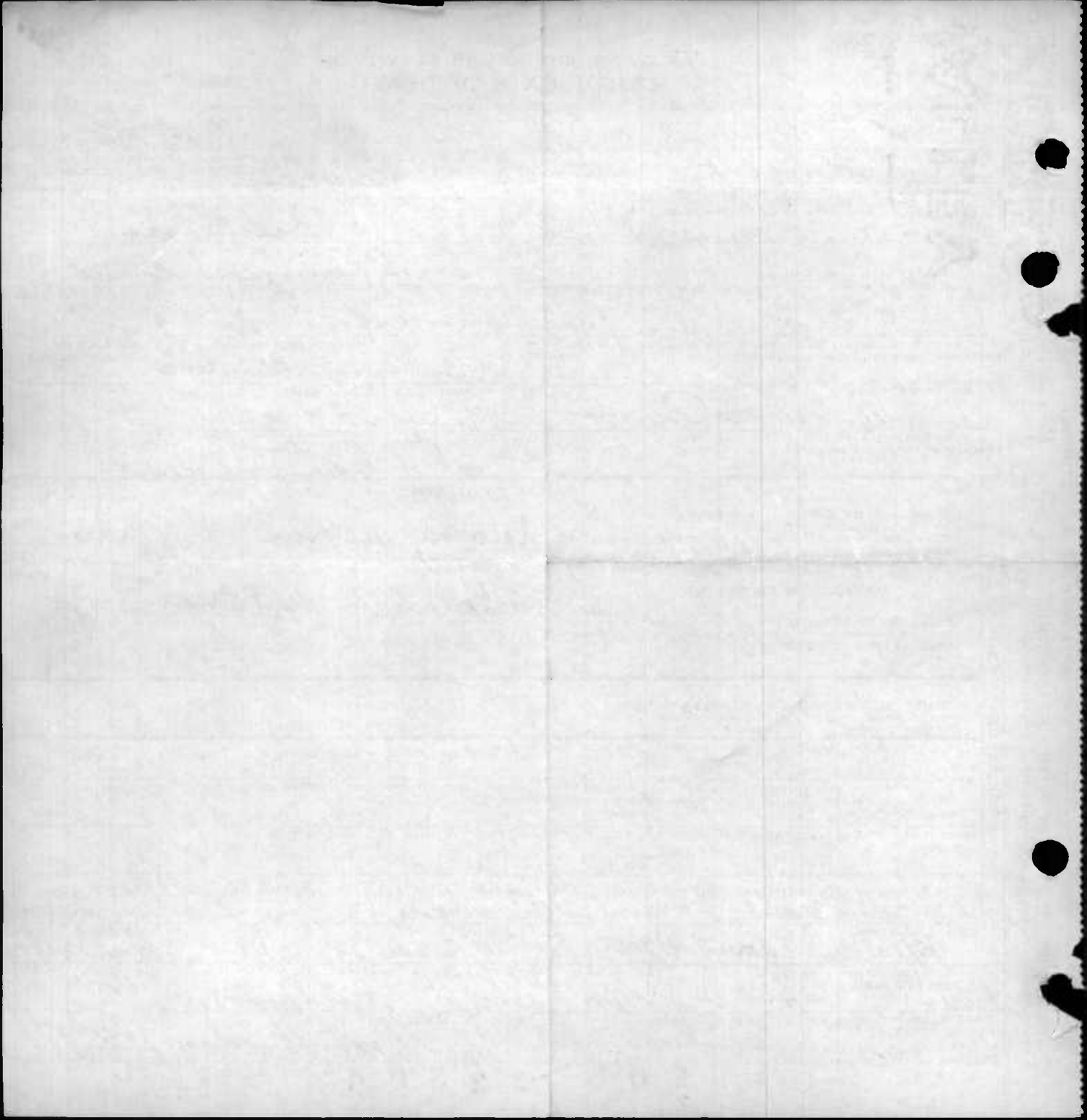
(State)

DATE RECEIVED BY LOCAL REGISTRAR
*MAR 14 1950*REGISTRAR'S SIGNATURE
*Intestigator Williams, M.*25. FUNERAL DIRECTOR
*William (Ed) Paul*ADDRESS
1217 H. Paul St

VS 150

1 4 5 0 0 0 2 3 0 4

927



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YESKER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2303

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul M. Yesker

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

34 Bon Secours Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 24-01

D. STREET ADDRESS (If rural, give location)

1244 E Fort Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 760 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive-Arteriosclerotic H.D.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Gangrene left foot & leg
Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

1/23/50 to 3/7/50

Gangrene left leg

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/19/1950, to 3/12/1950 that I last saw the deceased alive on 3/11/1950, and that death occurred at 1200 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. S. Shroder

M. D.

Bon Secours Hosp.

3/12/50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

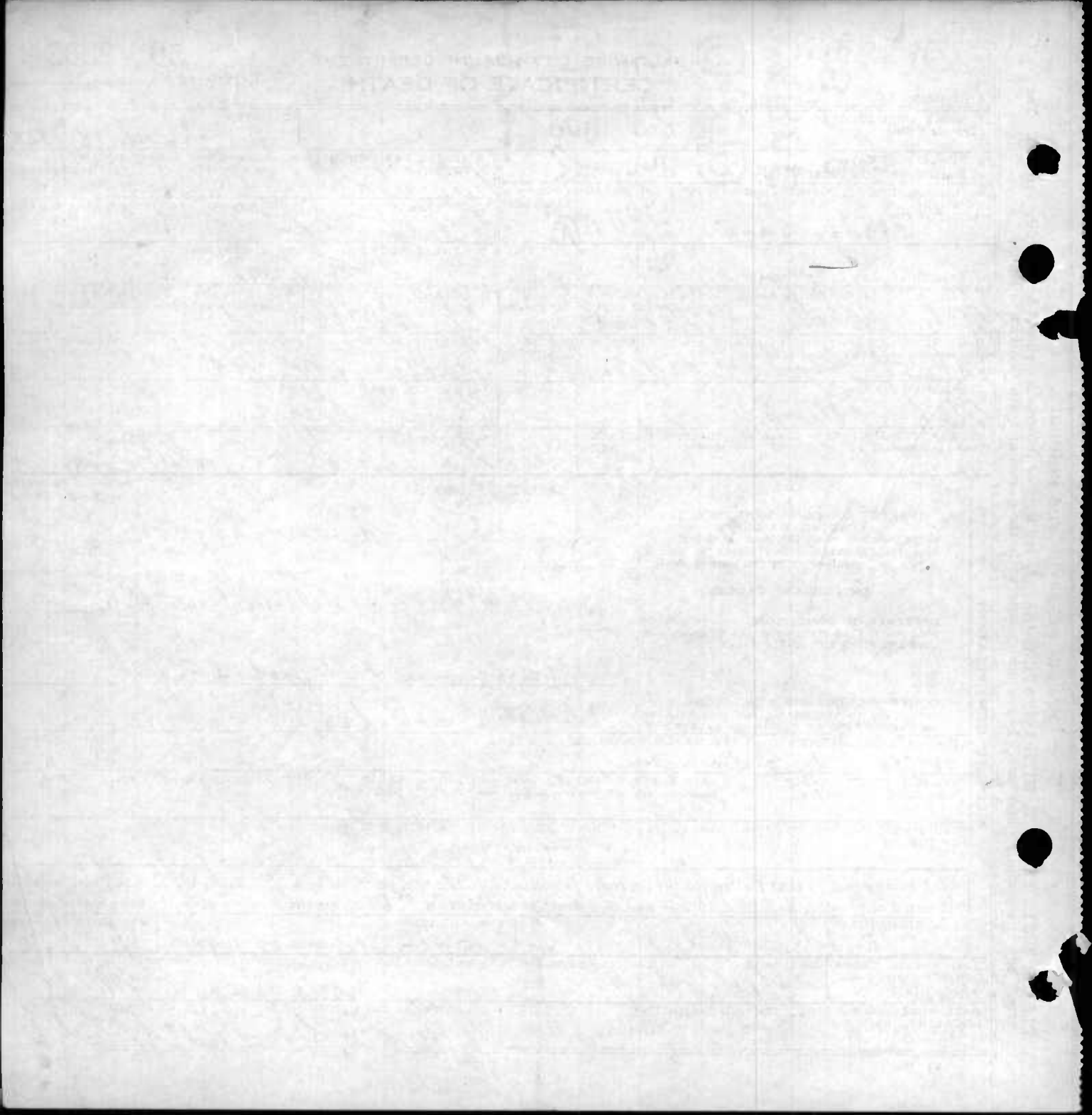
25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

Washington, D.C.

1219 E. Fort Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2304 Registered No. 50 2304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Henry Braun, Sr.

2. DATE
OF
DEATH

3/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2629 Lettman St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

C. Length of stay in Baltimore

LIFE

D. STREET ADDRESS (If rural, give location)

2629 Lettman St.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 26, 1890

9. AGE (In years
last birthday)

39

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Millhand

10B. KIND OF BUSINESS OR
INDUSTRY

Wood shop.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry W. Braun

14. MOTHER'S MAIDEN NAME

Anna Lemmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

NONE

217-09-5546

17. INFORMANT

ADDRESS

Henrietta Braun 4502 Leeds Ave

18.

144X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Carcinoma of soft
Palate & glands of
neckINTERVAL BETWEEN
ONSET AND DEATH

14 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1950 to March 13, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 10 am, from the causes and on the date stated above.

23A. SIGNATURE

Johnson

23B. ADDRESS

403 N. Charles Bg

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-15-50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Geal. Schwab 2101 Frederick Ave.

CERTIFICATE OF DEPOSIT

THIS CERTIFICATE OF DEPOSIT IS ISSUED TO THE ORDER OF _____

FOR THE DEPOSIT OF _____ DOLLARS AND _____ CENTS

ON _____ DAY OF _____ 19____

AT AN ANNUAL RATE OF _____ PERCENT

INTEREST TO BE PAID _____

AT THE END OF _____ MONTHS

THE DEPOSIT IS TO BE PAID TO THE ORDER OF _____

ON _____ DAY OF _____ 19____

AT THE OFFICE OF THE _____

AT _____

THE DEPOSIT IS TO BE PAID TO THE ORDER OF _____

ON _____ DAY OF _____ 19____

AT THE OFFICE OF THE _____

AT _____

THE DEPOSIT IS TO BE PAID TO THE ORDER OF _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS--75734

25-0312

510 50 2305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2305

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Kemp, Sr.

2. DATE
OF
DEATH

3-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-03B

D. STREET ADDRESS (If rural, give location)

2142 Wicomico St.--Mt. Winans, Md.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 26, 1880

9. AGE (In years,
last birthday)

67

10. Under 1 Year
Months: Days
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Moving Picture Operator Horn Theatre

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Kemp

14. MOTHER'S MAIDEN NAME

Mary Kline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (c. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30-1942, to 3-11-1950, that I last saw the deceased alive on 3-11-1950, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

B.C.H.--4940 Eastern Ave.

3-12-50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

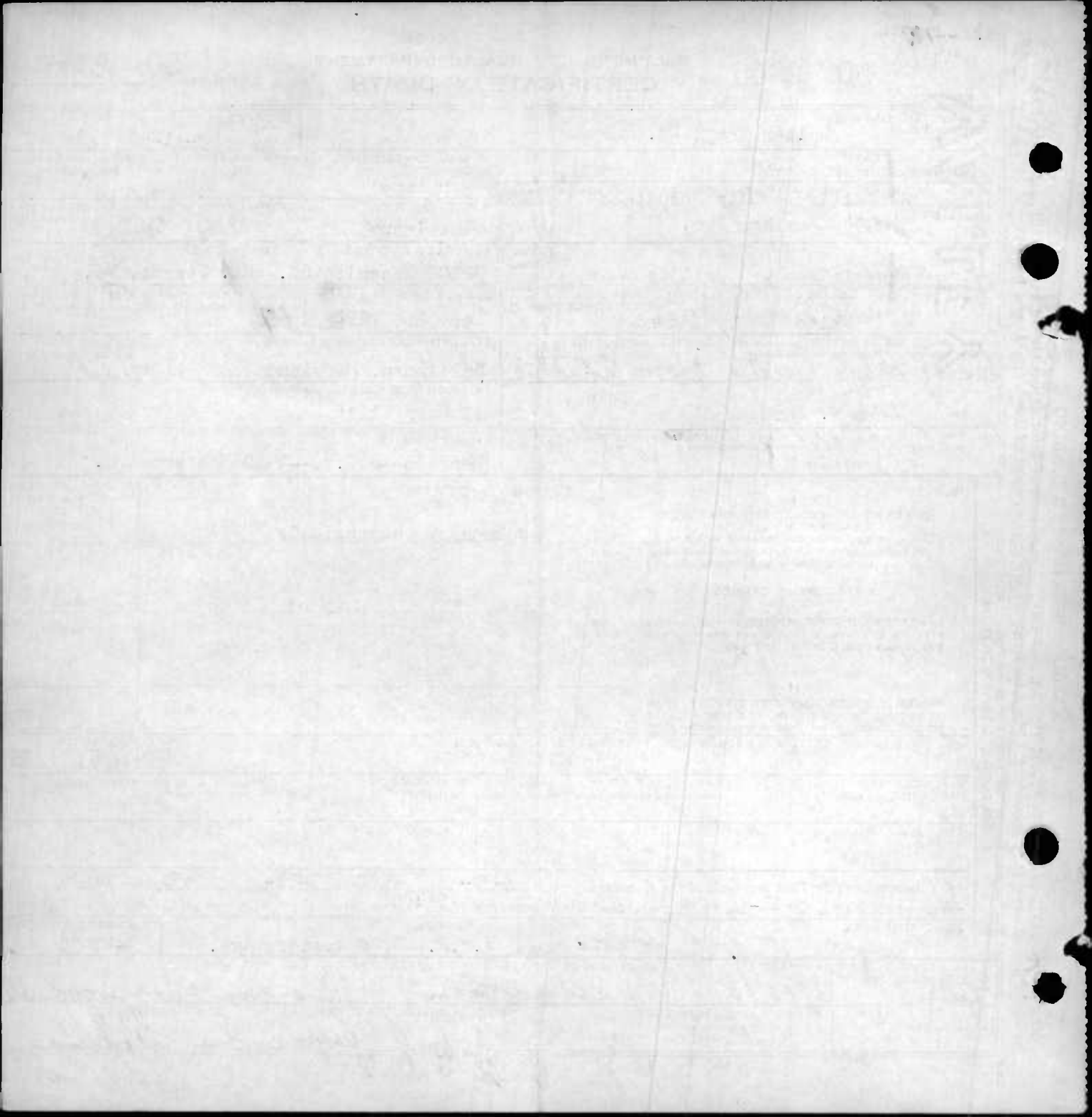
MAR 14 1950

VS 150

Huntington Williams, M.D.

John J. Cowan & Son

1213 St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		HARRY KRAVITZ		2. DATE OF DEATH 3-12-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION H100 Belle Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10			
c. Length of stay in Baltimore 40 Yrs. 40 Days		D. STREET ADDRESS (If rural, give location) 4100 Belle Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years, last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Prussia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			
16. SOCIAL SECURITY NO.		17. INFORMANT Esther Kravitz 4100 Belle Ave			
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage & coronary artery		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Paralysis		(B) DUE TO		(C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/31, 1948 to 3/12, 1950 that I last saw the deceased alive on 3/12, 1950, and that death occurred at 11:29 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Maurice Chedoke		23B. ADDRESS 2225 Linden		23C. DATE SIGNED 3/12/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-14-50		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Jack Levine		24F. ADDRESS 2100 Eutaw Pl	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950		REGISTRAR'S SIGNATURE Lutington Williams		25. FUNERAL DIRECTOR Jack Levine	
VS 150 1950		9566P 2300		94a	

Chudickel
2225 Linden Ave
La 3226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2307**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Charles H. Waddell**2. DATE
OF
DEATH**May-11-1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

John Hopkins Hosp. D.O.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

108-N. Caroline st.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov-3-1909

9. AGE (In years

last birthday)

40 41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Roofing

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY?

yes

13. FATHER'S NAME

George Waddell

14. MOTHER'S MAIDEN NAME

ENNA BRUNNEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

yes 2nd World War

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Kirby 108-N. Caroline st18. **E850**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

pier at Lancaster St.

21D. TIME (Month) (Day) (Year) (Hour)

March 11, 1950 10a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell from raft into the water22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

March 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar-15-1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home 1631 Grand Hill

STATE OF TEXAS
CERTIFICATE OF DEATH

be c
1961

R620
50 2308BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2308

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie Ricard

2. DATE
OF
DEATH

3/13/50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

326 E. Clement St - Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

36 FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 24-02

c. Length of stay in Baltimore

4 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

326 E. Clement St

5. SEX

Fe

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-10-1874

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Thomas

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Franklin Square Hospital

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, athenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterior Acute Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Friedman

23B. ADDRESS

1319 Light St.

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-16-50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Annapolis Blvd Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

Earl H. Hess 715 Light St.

VS 150

1 5 0 0 2 3 1 0

937

CERTIFICATE OF DEATH

REGISTERED MEDICAL PROFESSIONAL

1005 10

1005

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

DATE OF MARRIAGE

DATE OF DIVORCE

DATE OF REENTRY

DATE OF DEPORTATION

DATE OF REENTRY

DATE OF DEPORTATION

DATE OF REENTRY

DATE OF DEPORTATION

DATE OF REENTRY

DATE OF DEPORTATION

DATE OF REENTRY

DATE OF DEPORTATION

1005 10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2309
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR or RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inquiry thereon and from
Autopsy/Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

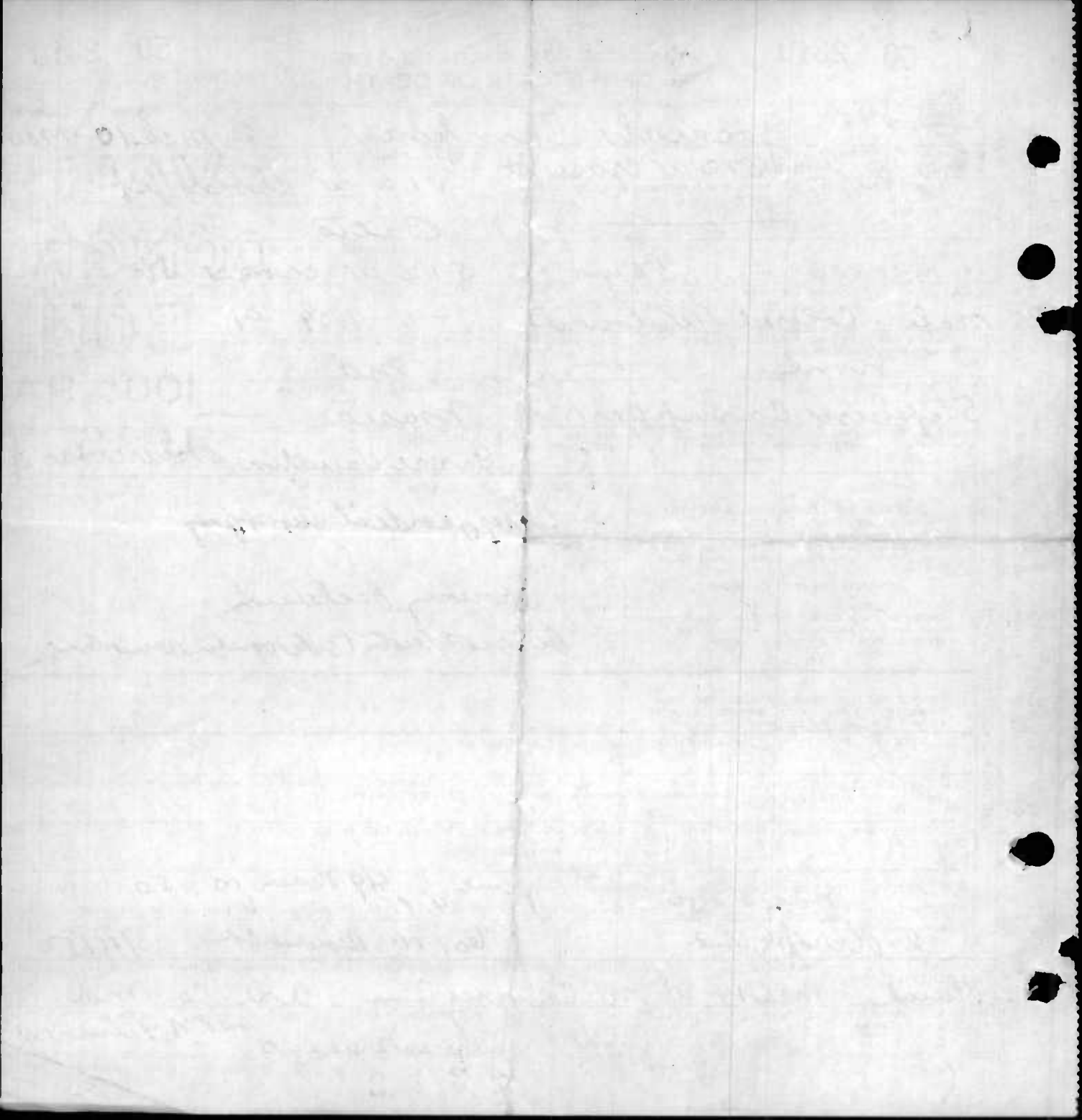
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 516
50 2310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2310
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Josiah Campher</i>		2. DATE OF DEATH <i>Mar 10 - 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>512 W. Cross St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>512 W. Cross St</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 21-01</i>			
c. Length of stay in Baltimore <i>5 days</i>		D. STREET ADDRESS (If rural, give location) <i>512 W. Cross St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-6-1859</i>	9. AGE (In years last birthday) <i>91</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME <i>Stephen Campher</i>		14. MOTHER'S MAIDEN NAME <i>Maria</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Grace Vaughn 512 W. Cross St</i>	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO (B) <i>Coronary occlusion</i> DUE TO (C) <i>Intermittent Coronary Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>6</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1949</i> to <i>March 10, 1950</i> at I last saw the deceased alive on <i>March 9, 1950</i> and that death occurred at <i>4 P. M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Murphy M.D.</i>		23B. ADDRESS <i>601 N. Mount St</i>		23C. DATE SIGNED <i>3/11/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 14-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cms.</i>	
24D. LOCATION (City, town, or county) (State) <i>a-a. Co. Md</i>		25. FUNERAL DIRECTOR <i>James A. Hayes</i>		ADDRESS <i>638 N. Elm St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			
VS 150 1015000002312 131a					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0416
50 2311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2311
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>O'Liver, John Frank</i>		2. DATE OF DEATH <i>8-10-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN <i>Balto</i> <i>14-02</i>	
c. Length of stay in Baltimore <i>40 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1627 Mc Culloch St</i>	
6. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>min</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Minnesota</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Oliver</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Martha Oliver</i>		ADDRESS <i>1627 Mc Culloch St</i>	

18. <i>610X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Probable anemia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Defective functioning of prostate</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-10-50</i> , to <i>8-10-50</i> , that I last saw the deceased alive on <i>3-10-50</i> , and that death occurred at <i>5:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Martha Oliver</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>8-12-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 15-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto</i>		25. FUNERAL DIRECTOR <i>James Asayes</i>		ADDRESS <i>638 N. 9th St</i>	

DATE RECEIVED BY LOCAL REGISTRAR
14 1950

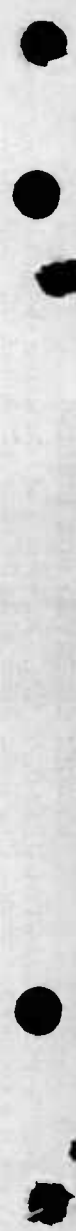
REGISTRAR'S SIGNATURE
Wm. Leonard

VS 150

137a

THE UNIVERSITY OF CHICAGO
LIBRARY

3



F 63 2
50 2312

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

50 2312

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA REBECCA FRITZE		2. DATE OF DEATH March 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2305 St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-05	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1641 Cliftview Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 7. 1879
9. AGE (In years last birthday) 79		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Furman Roman		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Carol Furman Fritze		ADDRESS 4504 Powell Avenue - 6	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism DUE TO thrombo-phlebitis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fractured left tibia DUE TO OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Harford Road and Broadway		21D. TIME (Month) (Day) (Year) (Hour) February (27) 1950 1: M.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Emil L. Boyer		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED March 11, 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 14. 1950	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS	

VS 151

N-823

19500002312 Baltimore Md.

170c ✓

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Ruth DeMinds*2. DATE
OF
DEATH*3-12-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto. City*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE*Maryland*

B. COUNTY

(before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*University Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore City**17-02*

D. STREET ADDRESS (If rural, give location)

1128 Penn. Ave

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

*6/10/1927*9. AGE (In years
last birthday)*22*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Domestic*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore City*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Walter DeMinds

14. MOTHER'S MAIDEN NAME

*Helen Webb*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)*NO*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter DeMinds 1128 Penn. Ave

18.

401.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial decompensation &
congestive failure, acute*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Mild stenosis*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Rheumatic cardiovascular dis.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-11*, 19*50*, to *3-12*, 19*50*, that I last saw the
deceased alive on *3-12*, 19*50*, and that death occurred at *5:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Ed R. McGrumb Jr.

M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*3-12*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3/17/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 14 1950*

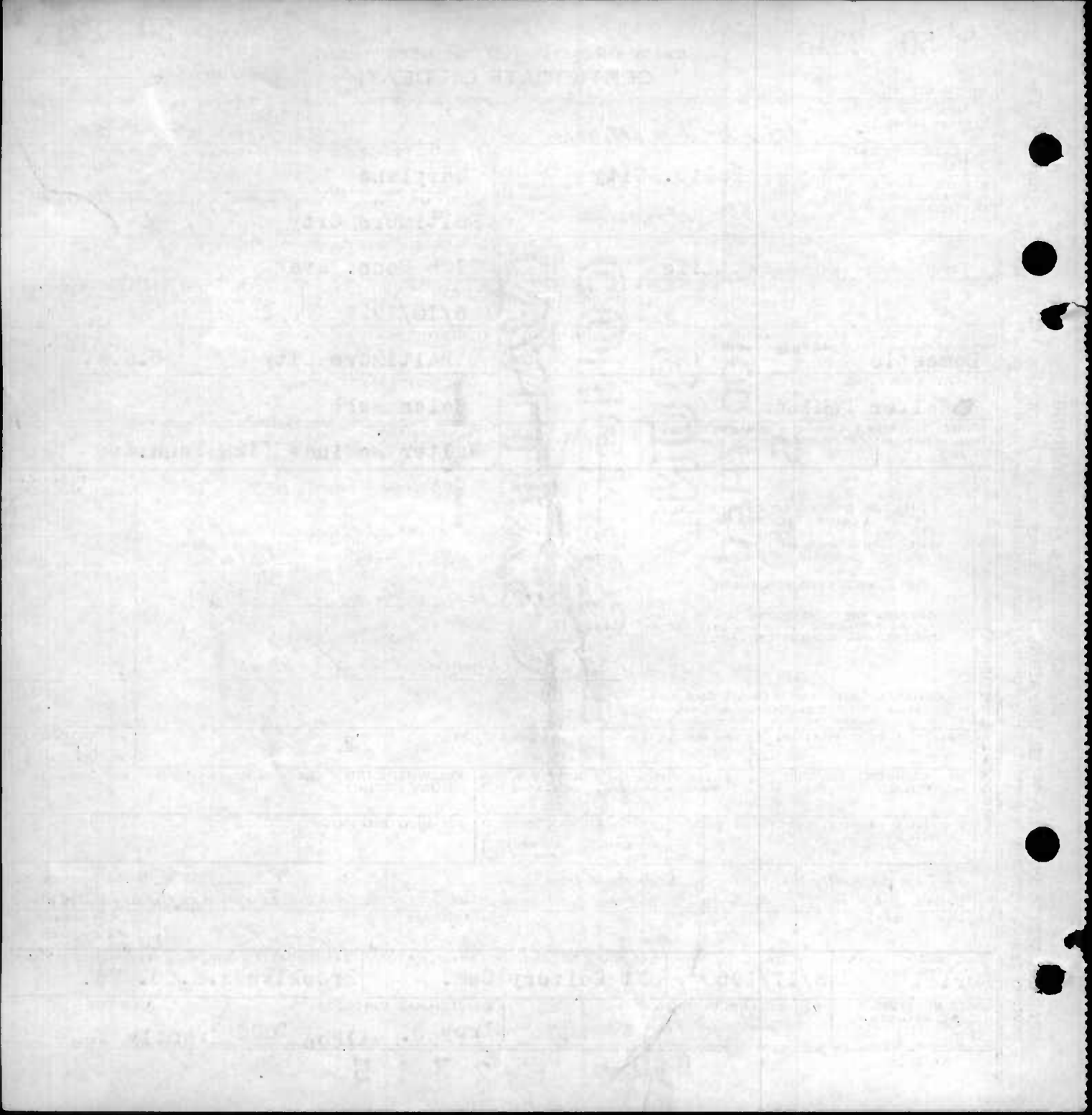
REGISTRAR'S SIGNATURE

Antoniegon Williams, M.D.

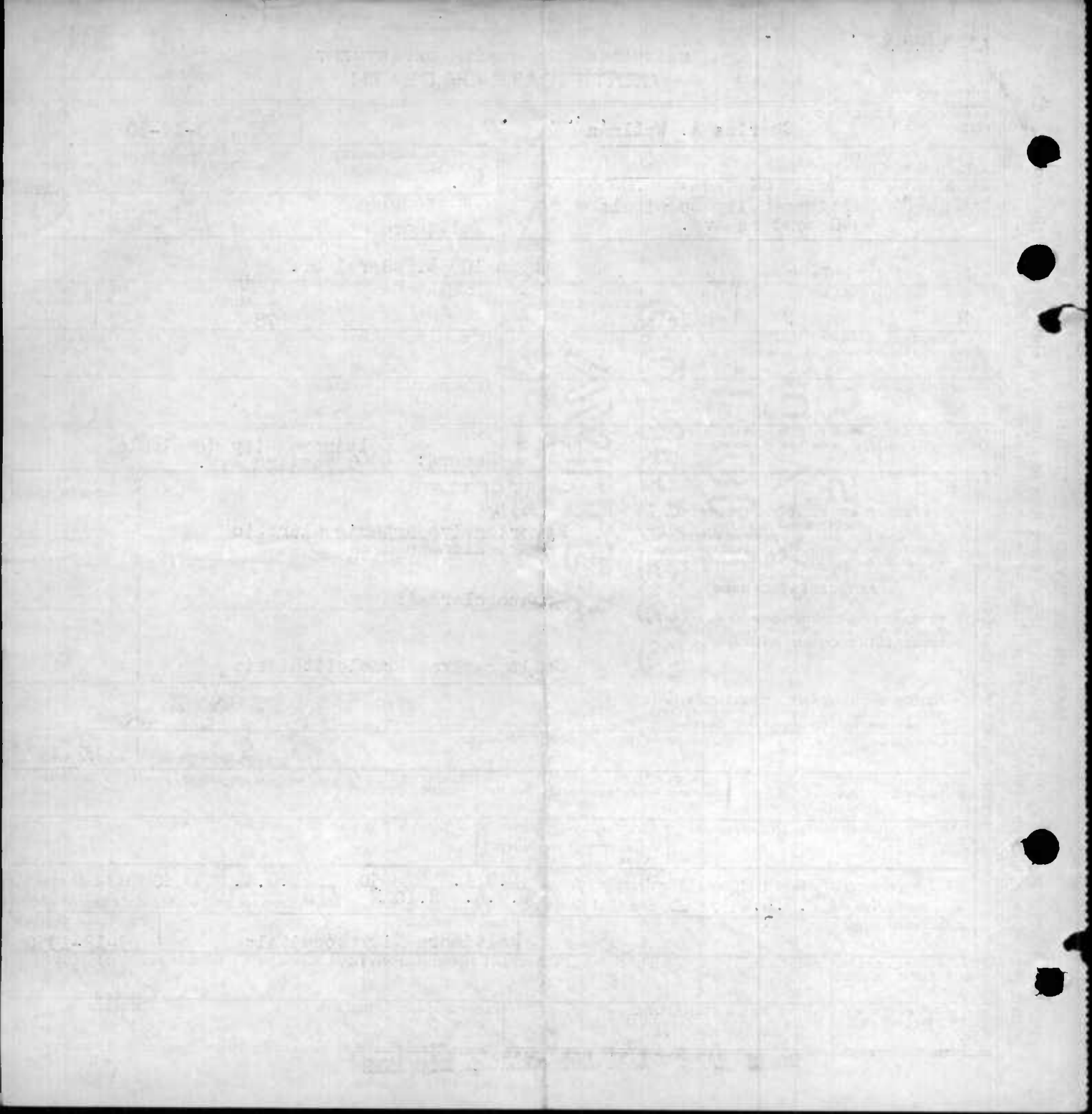
25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave



<div>W 455</div> <div>AB-D.O.A.</div> <div>CERTIFICATE CORRECTED 8-22-50</div> <div>50 2314</div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div> <div>50 2314</div> <div>Registered No.</div>			
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Charles A. Wallman		3-12-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 108 E. Federal St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/13/1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Marine Supply Co.	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Sweden		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Record: Baltimore City Hospitals 4940 Eastern Ave.		ADDRESS	
18. 420.0 ? DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive arteriosclerotic heart disease DUE TO (B) Nephrosclerosis DUE TO (C) Obliterative cholelithiasis INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION 2			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from D.O.A. Mar. 12, 1950, to D.O.A. Mar. 12, 1950 that I last saw the deceased alive on D.O.A. Mar. 12, 1950, and that death occurred at D.O.A. 2.10AM, from the causes and on the date stated above.			
23A. SIGNATURE C. S. Jones		23B. ADDRESS Baltimore City Hospitals	
23C. DATE SIGNED 3-12-1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/15/50	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Williams, 1217 St. Paul St.	
TO BE APPROVED BY THE MEDICAL EXAMINER			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2315

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLINTON EDWIN WEIKEL

2. DATE
OF
DEATH

Mar. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-08B

D. STREET ADDRESS (If rural, give location)

1102 E. Belvedere Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 24, 1900

9. AGE (In years;
last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Freize Inst. Div.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clinton W. Weikel

ENG. INSTRUMENT(S)

14. MOTHER'S MAIDEN NAME

Mary E. Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
217-05-1195

17. INFORMANT

Mrs. Catherine A. Weikel

ADDRESS
Belvedere
1102 E. Bel-

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Endocarditis - valvular insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Infection years ago

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Coronary occlusion May 1945
Fibrillation - dilation + insufficiency -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1950, to 3/11, 1950, that I last saw the
deceased alive on 3/11, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry D. McCarty

23B. ADDRESS

M. D.

37 W. Preston Street

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14.50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

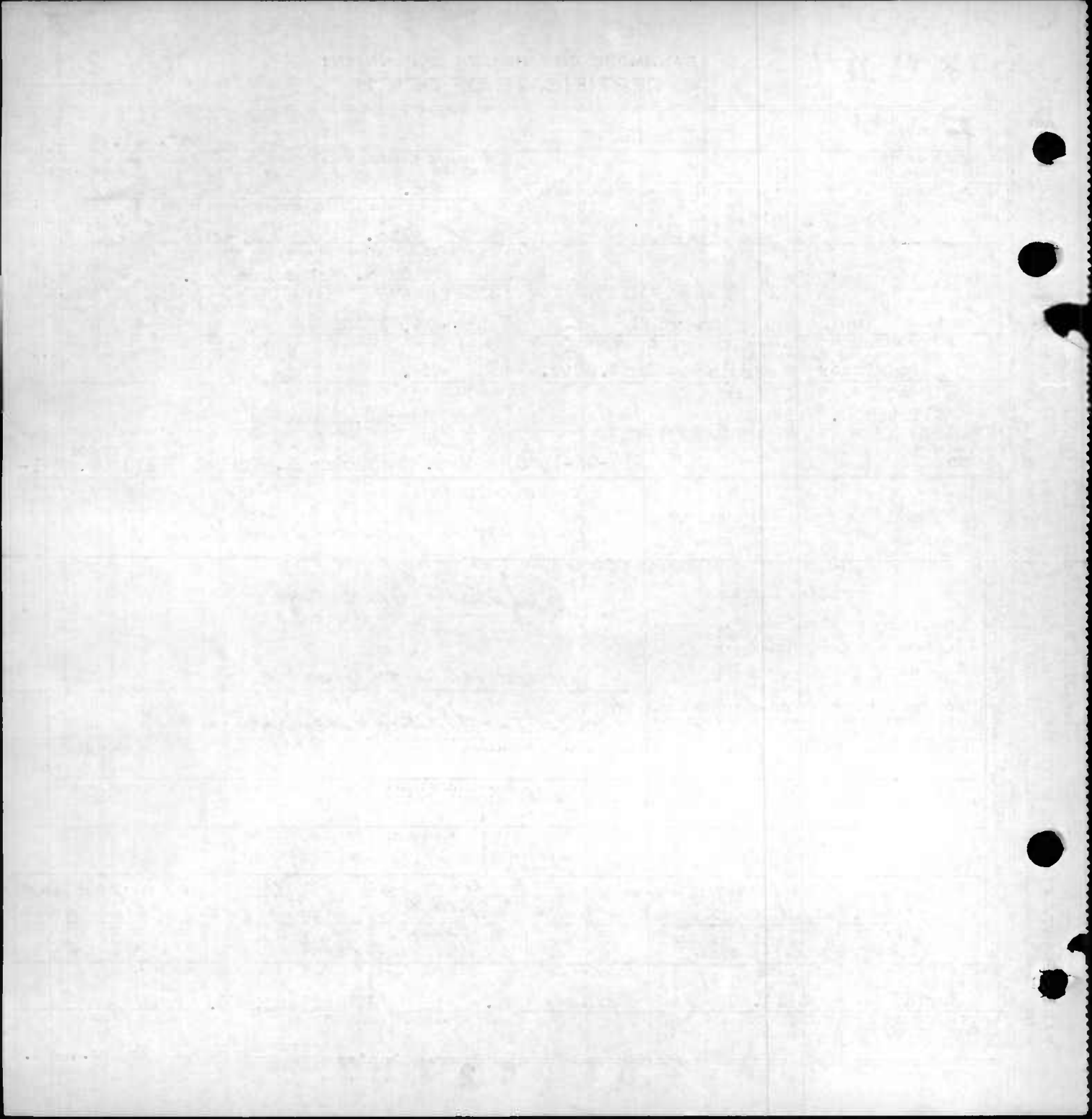
William J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

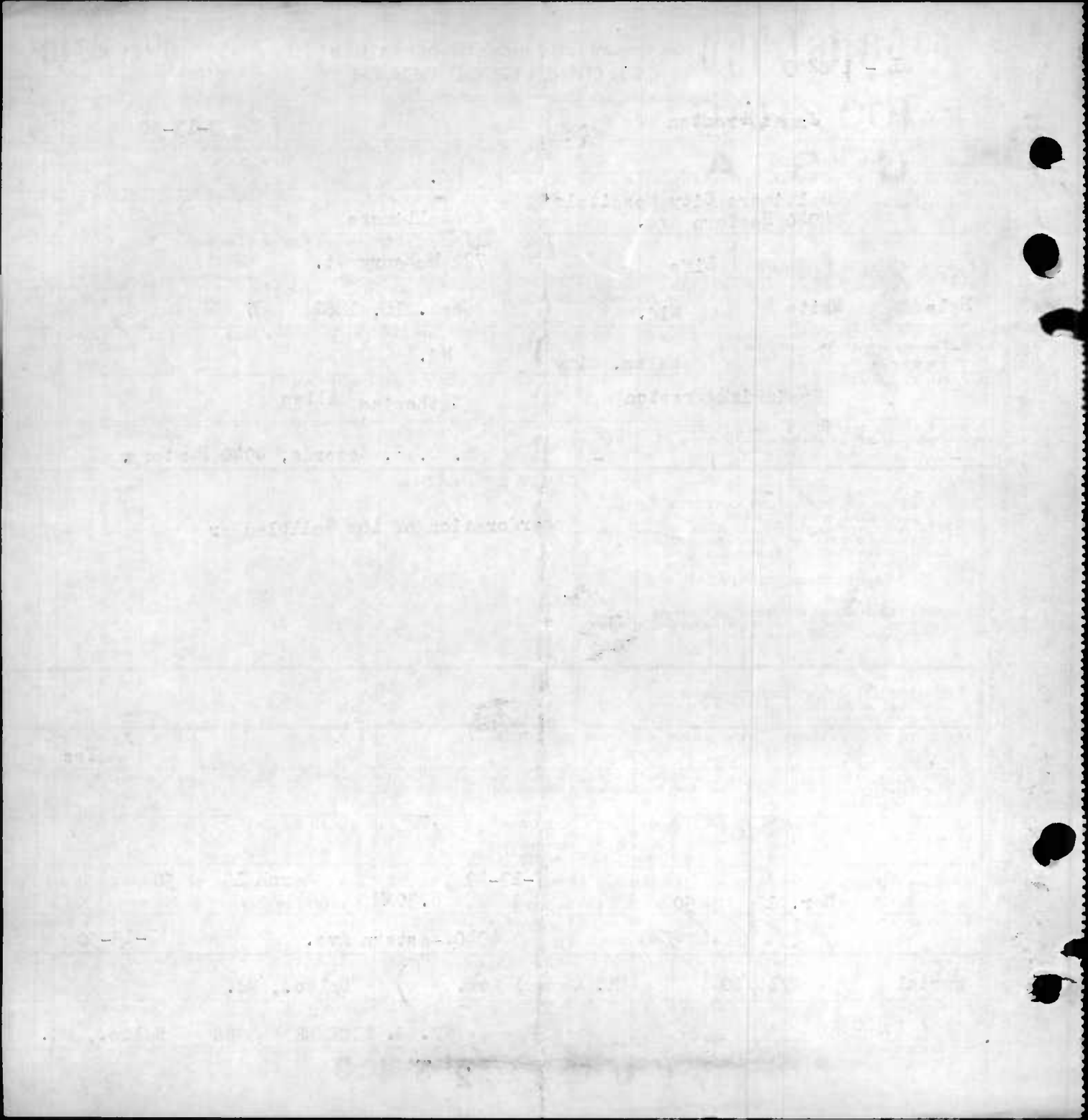
Registered No.

BIRTH NO. 30 2316 JL - 130283		501 2316	
1. NAME OF DECEASED (Type or Print) James H. Preston		2. DATE OF DEATH 3-13-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 722 McHenry St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Sept. 16, 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paver		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	9. AGE (in years last birthday) 86
13. FATHER'S NAME Frederick Preston		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern	
18. 586 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Perforation of the Gallbladder DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-13-49 , 19 49 , to March 13 , 19 50 that I last saw the deceased alive on Mar. 13 , 19 50 and that death occurred at 6.30AM , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Crozer M. D.		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 3-13-50		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3/16/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950		REGISTRAR'S SIGNATURE William J. Williams, Jr.	

VS 150

9500002310

127B



C-623 50 2317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2317

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN S. CHRYSAL

2. DATE
OF
DEATH

3/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE mdC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto - zone 17 15-03

D. STREET ADDRESS (If rural, give location)

2105 W. North Avenue

c. Length of stay in Baltimore

59

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, (MARRIED),
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov, 19, 1890

9. AGE (In years
last birthday)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Daniel Chrystal

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.
216-01-8662

17. INFORMANT

ADDRESS

Mr. Elmer L. Chrystal 416 Ingle Side Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Insuffic.
Congestive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic C. V. disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9-50, 1950, to 3-12-1950, that I last saw the
deceased alive on 3-12-1950, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Hulen

M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

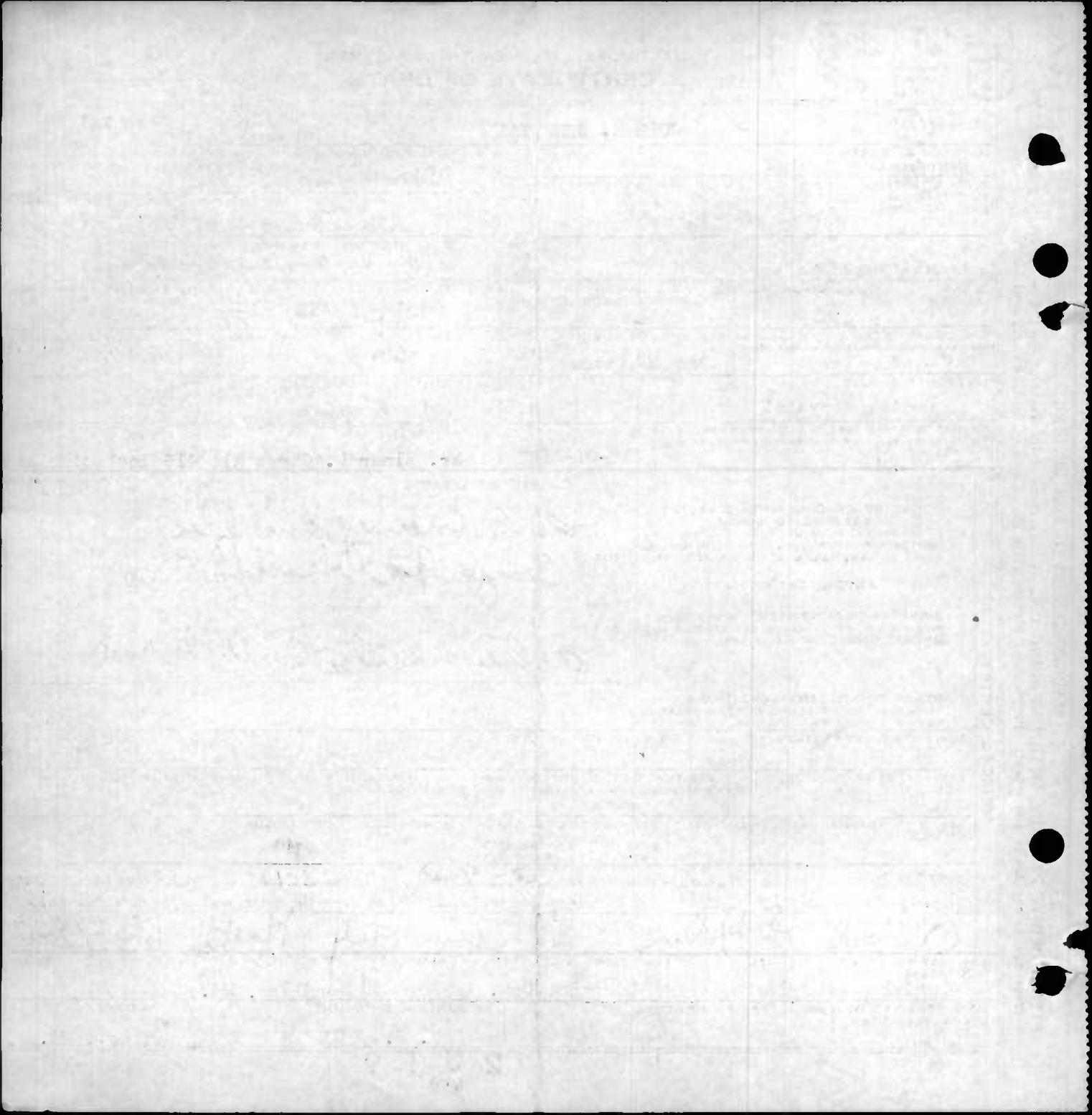
308 V9 2319

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



F200 50 2318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Feig

Registered No. 50 2318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Feig, Susie A.

2. DATE
OF
DEATH

Mar. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Balt.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

36 Franklin Square Hospital

C. CITY OR TOWN

Balt.

(If outside corporate limits, write RURAL and give
township)

24-03

D. STREET ADDRESS (If rural, give location)

1000 Riverside Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 1, 1907

9. AGE (In years
last birthday)

42

10. Under 1 Year
Months: Days

6 13

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James R. Jackson

14. MOTHER'S MAIDEN NAME

Ira Anna Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Norman Feig

ADDRESS

same.

18. 252.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary Edema

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Cardiac Decompensation

12 hrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Post operative Myxedema

2 wks.

19A. DATE OF OPERATION

Feb. 8, 1950

19B. MAJOR FINDINGS OF OPERATION

Exophthalmic goiter

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1950, to Mar. 13, 1950, that I last saw the
deceased alive on Mar. 13, 1950, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Barbone

23B. ADDRESS

Franklin Sq. Hvy

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

Sanatrigton H. Higgins

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY MARGARET LEIGH

2. DATE
OF
DEATH

3-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Montgomery 6500

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN

Bethesda

D. STREET ADDRESS (If rural, give location)

101 Gladwine Court

c. Length of stay in Baltimore

6 mos., 1 day

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

8-31-72

9. AGE (In years,
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clark Bldg.

10B. KIND OF BUSINESS OR
INDUSTRY

Vet. Adm.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Russell

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.
unknown

17. INFORMANT

The Seton Institute, Balto. 15, Md.

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

Several years

Several arteriosclerosis

Several years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Psychosis with cerebral arteriosclerosis

6 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11/50 to 3/12/50, that I last saw the
deceased alive on 3/12/50, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter D. Johnson

23B. ADDRESS

3703 Clark Lane, Balto-15

23C. DATE SIGNED

March 12, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

CERTIFICATE OF DEATH

1915-12-15

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 2350
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lillian Christy</i>		2. DATE OF DEATH <i>MAR 12 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Kent</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>J. Q. Colts</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>10-27-41</i>	9. AGE (In years last birthday) <i>8</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Elem. School</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
13. FATHER'S NAME <i>Dennis Christy</i>		14. MOTHER'S MAIDEN NAME <i>Lillian ?</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>204.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aplastic anemia</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>? leukemia</i>		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8-17-1949</i> to <i>3-12-1950</i> , that I last saw the deceased alive on <i>3-12-1950</i> , and that death occurred at <i>10:18 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William W. Worley</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-13-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 16 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>John Wesley Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Sassafraas MD</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1950</i>	REGISTRAR'S SIGNATURE <i>William W. Worley</i>	25. FUNERAL DIRECTOR <i>Edward Fellows</i>		ADDRESS <i>Millington MD</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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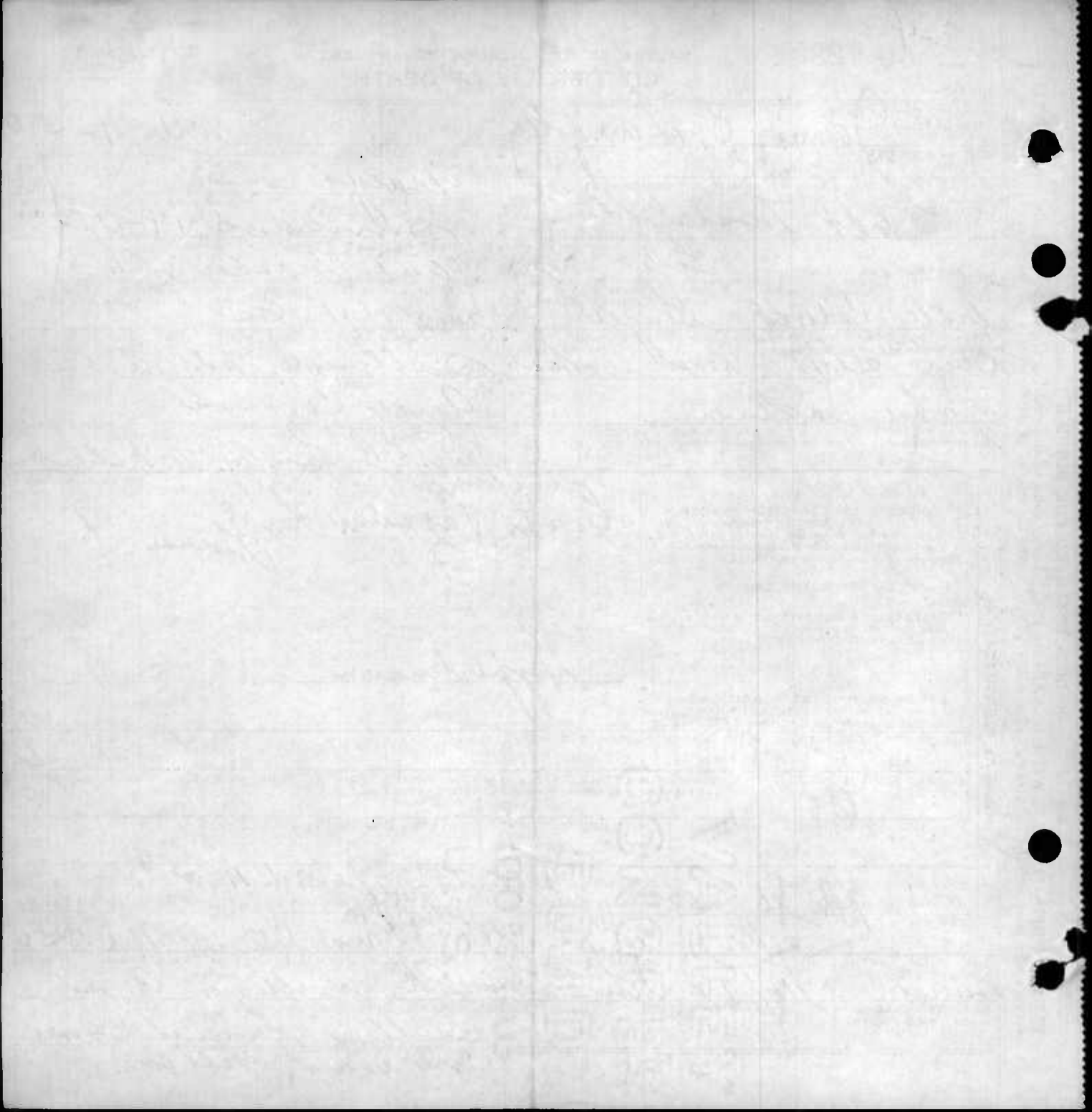
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2321

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James E. Langley</i>		2. DATE OF DEATH <i>Mch 11-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>644 Trueman St.</i>		C. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>644 Trueman St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan. 3, 1898</i>	9. AGE (In years; last birthday) <i>52</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life; if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>Shoe seller</i>		<i>Shoe workshop</i>		<i>Baltimore, Md. U.S.A.</i>	
13. FATHER'S NAME <i>John Jackson</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Joseph C. Langley</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular Disease</i>		19. CAUSE OF DEATH (A) DUE TO <i>I</i> (B) DUE TO <i>Hypertension</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
18. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>		(B) DUE TO		<i>?</i>	
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE <i>Accident</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 15, 1949</i> to <i>Mch 11, 1950</i> , that I last saw the deceased alive on <i>Mch 10, 1950</i> , and that death occurred at <i>1245 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>S. B. Hughes M.D.</i>		23B. ADDRESS <i>1413 Brink Hill Dr</i>		23C. DATE SIGNED <i>Mch 13-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/16/1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Reburied in Mt. St. Mary's</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore A. Md.</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1413 Brink Hill Dr</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Robert Lonesome			2. DATE OF DEATH 3/10/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION mercy Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 19-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 12 N. Stricker street		
5. SEX m	6. COLOR OR RACE c	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan 6, 1895		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY RETAIL CLOTHING	11. BIRTHPLACE (State or foreign country) Balto. md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Washington Lonesome			14. MOTHER'S MAIDEN NAME Fannie Butler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. _____	17. INFORMANT Self		ADDRESS as above

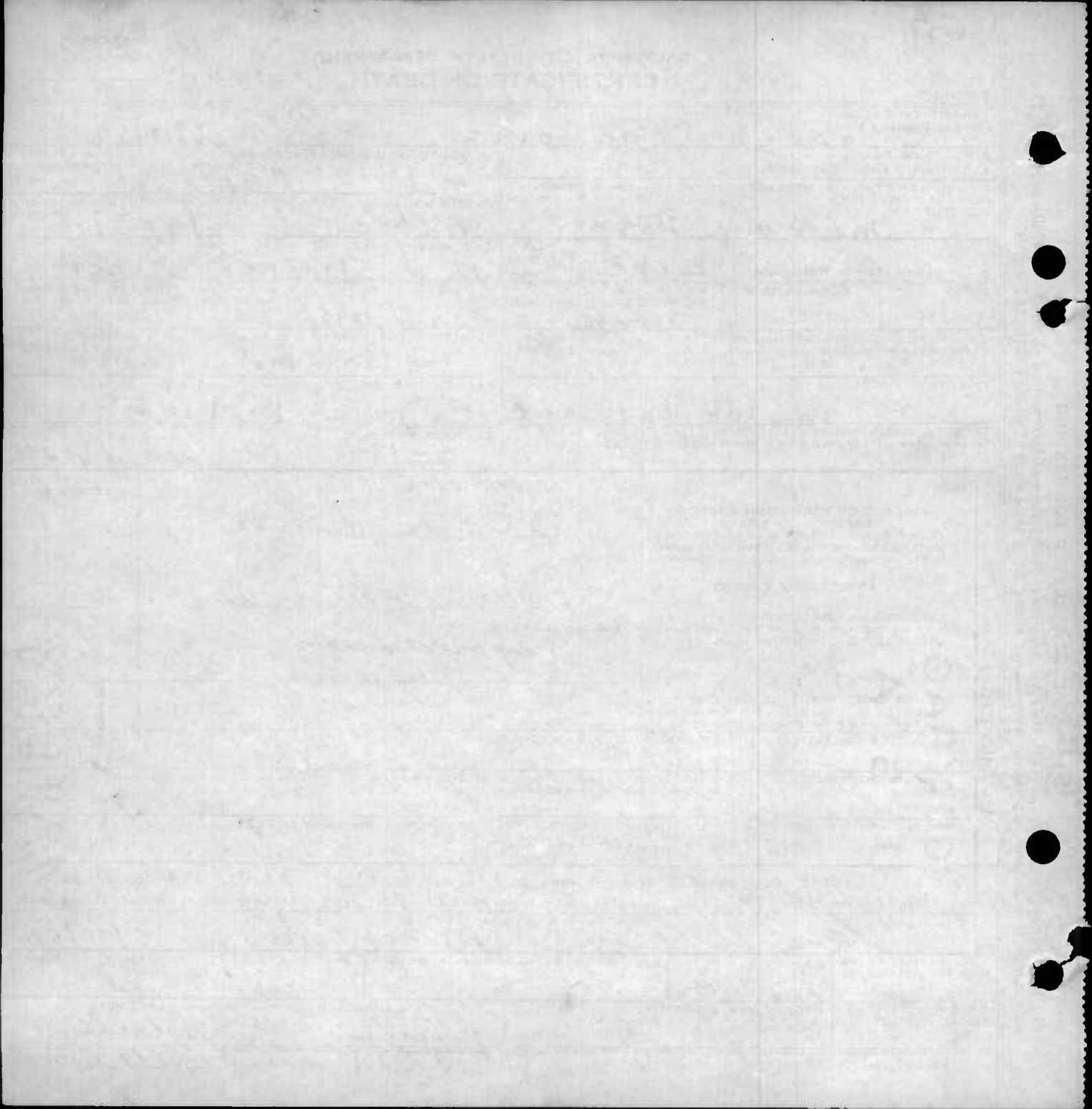
18. 023 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Coronary failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerosis and myocardial DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) _____	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOBIOGRAPHY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/10 , 19 50 , to 3/10 , 19 50 , that I last saw the deceased alive on 3/10/50 , 19 50 , and that death occurred at 11⁴⁵ pm. , from the causes and on the date stated above.					
23A. SIGNATURE Gene M. Martin M. D.		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED 3/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 15/1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		25. FUNERAL DIRECTOR Holland Funeral Home			
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950		REGISTRAR'S SIGNATURE Washington Williams		ADDRESS 75065 23 264, Druid Hill Ave.	

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75065 23 264, Druid Hill Ave.
20)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 2323

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie P. Bannon

2. DATE
OF
DEATH

March 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION location)

1330 N. Mount St.

C. CITY OR TOWN

Baltimore 16-03

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1127 N. Mount St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 25, 1885

9. AGE (in years,

last birthday)

94

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Bel Air, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Washington

14. MOTHER'S MAIDEN NAME

Eliza Pierson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Harriett Wright N. Mount St.

ADDRESS

1127 N. Mount St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1950 to March 10, 1950 at I last saw the
deceased alive on March 10, 1950 and that death occurred at 11 P. M. from the causes and on the date stated above.

23A. SIGNATURE

W. H. Brown

23B. ADDRESS

5155 Highland

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

William Washington

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

2202 Grandville Ave.

CONFIDENTIAL

SECRET

VAN ROSSUM

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years;
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 10, 1950, to March 12, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

VS 150

94a

On Timber - 2529

C-600 50 2325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50 2325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Dweller

D. STREET ADDRESS (If rural, give location)

9 Wildwood Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years, last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during and out of working hours, e.g., retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elyse Crow - 2158 E. Holmes St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardiac failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardiovascular atherosclerosis -
stenosis heart disease.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 15, 1950, to March 11, 1950, that I last saw the
deceased alive on March 11, 1950, and that death occurred at 9 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thomas D. Edgerton

M. D.

8552 Ball. 6 rd, Pikesville 3/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

William Williams, M.D.

John C. Meller, Inc. 2435 E. Olney St

VS 150

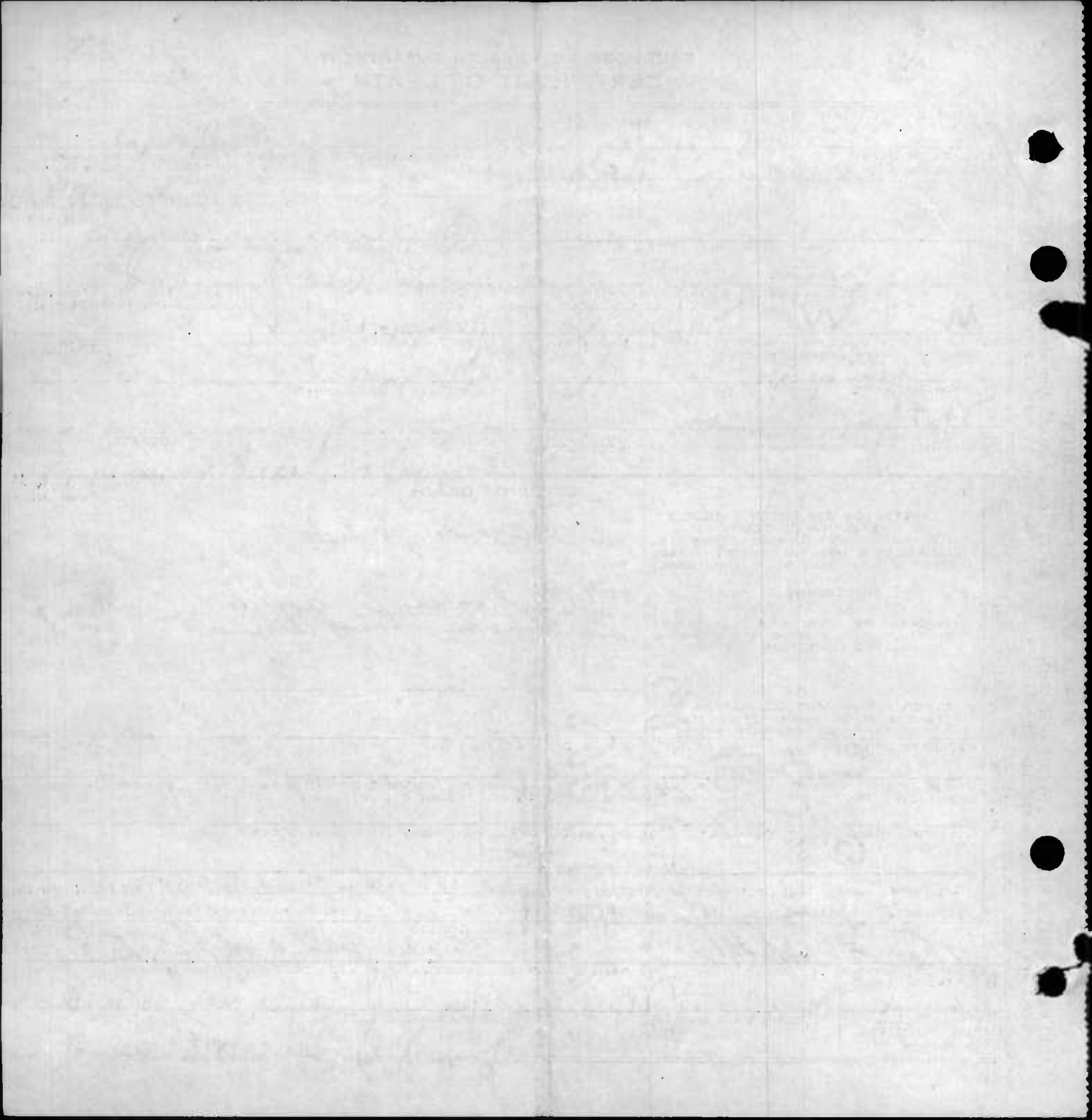
340 98

2 3 21

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M# 600
50 2326BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2326
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE A. MOYER

2. DATE
OF
DEATH

MARCH-12-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1917 PATERSON PARK AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
STATE COUNTY847 S PATA ST 21-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE MDB. FULL NAME OF HOSPITAL OR INSTITUTION
DO

D. STREET ADDRESS (If rural, give location)

847 S PATA ST

c. Length of stay in Baltimore

74 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

AUG 9-1875

9. AGE (in years,
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

7 3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MARBLE CARVING

10B. KIND OF BUSINESS OR
INDUSTRY

HICARTIVER Co

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

MRS MAY MOYER 2804 E FEDERAL ST

18.

4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

7 years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1946 to March 12, 1950, that I last saw the deceased alive on 19 and that death occurred at 5:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. Kates

M. D.

23B. ADDRESS

517 Scott St

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MARCH-15-50

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Bernard B. Horle 121 E WEST ST

ADDRESS

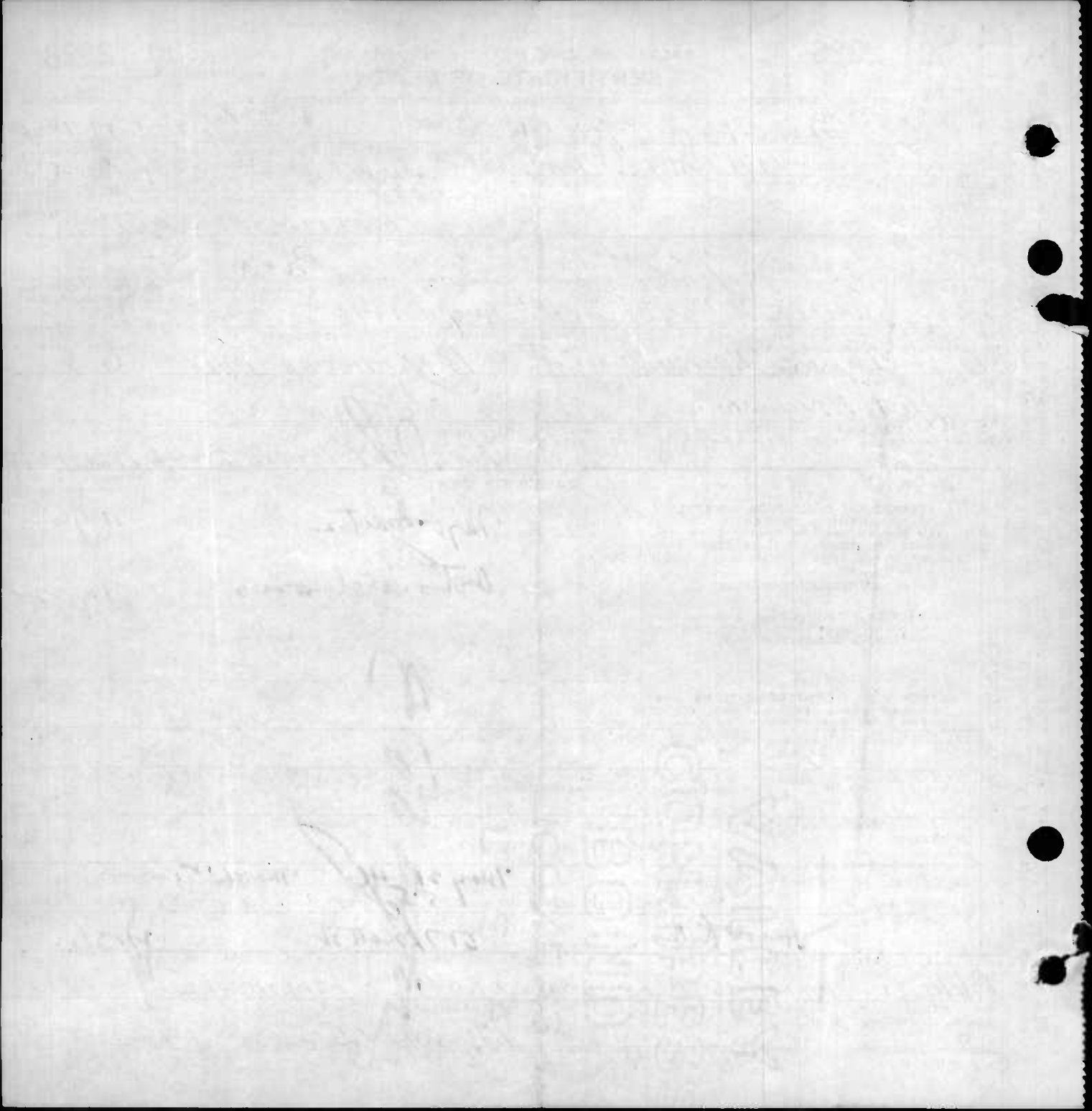
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39624

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

RGB

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2327 Registered No.

BIRTH NO. 550 50 2327		1. NAME OF DECEASED (Type or Print) CHARLES RANDOLPH LANMON		2. DATE OF DEATH Maroh 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02			
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 217 N. Fulton Avenue			
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/26/92	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Tailoring (M)	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Lanmon		14. MOTHER'S MAIDEN NAME Maggie ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes WW I		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.	
18. 150X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hemorrhage acute due to ulceration of carcinoma of mid-third of esophagus into left pulmonary vessel. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Immediate Unknown	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 21, 1949, to Mar. 12, 1950, that I last saw the deceased alive on Mar. 12, 1950, and that death occurred at 11:25AM, from the causes and on the date stated above.					
23A. SIGNATURE Robert D. Dooley, SA Surgeon		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 3/13/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Cedar Hill		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950		24F. REGISTRAR'S SIGNATURE W. Halstead	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950		24H. REGISTRAR'S SIGNATURE W. Halstead		24I. FUNERAL DIRECTOR ADDRESS W. Halstead - 980	

VS 150

55006 217 N. Fulton Ave. 46a

[12]

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2328

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Honorata Mary Popera			2. DATE OF DEATH March 13-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 130 S. Patterson Park Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Home for the aged.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31		
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 130 South Patterson Park Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct ? 1873		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Packer			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME Frank Popera			14. MOTHER'S MAIDEN NAME Maryanna Kadulski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 213-03-9287	17. INFORMANT ADDRESS John Popera 702 South Curley Street		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio sclerosis, general		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ? gastric carcinoma clinical only aspt. refused tests 1 yr.		
19A. DATE OF OPERATION 11 March 1950	19B. MAJOR FINDINGS OF OPERATION 5:45A m.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from JAN , 19 46 , to Present , 19 50 , that I last saw the deceased alive on 11 March 1950 , and that death occurred at 5:45A m. , from the causes and on the date stated above.		
23A. SIGNATURE Arthur J. Swinski	23B. ADDRESS 214 Medical Arts Bldg	23C. DATE SIGNED 13 March 50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 16-1950	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary
		24D. LOCATION (City, town, or county) (State) Baltimore County, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George A. Weber 705 South Ann Street

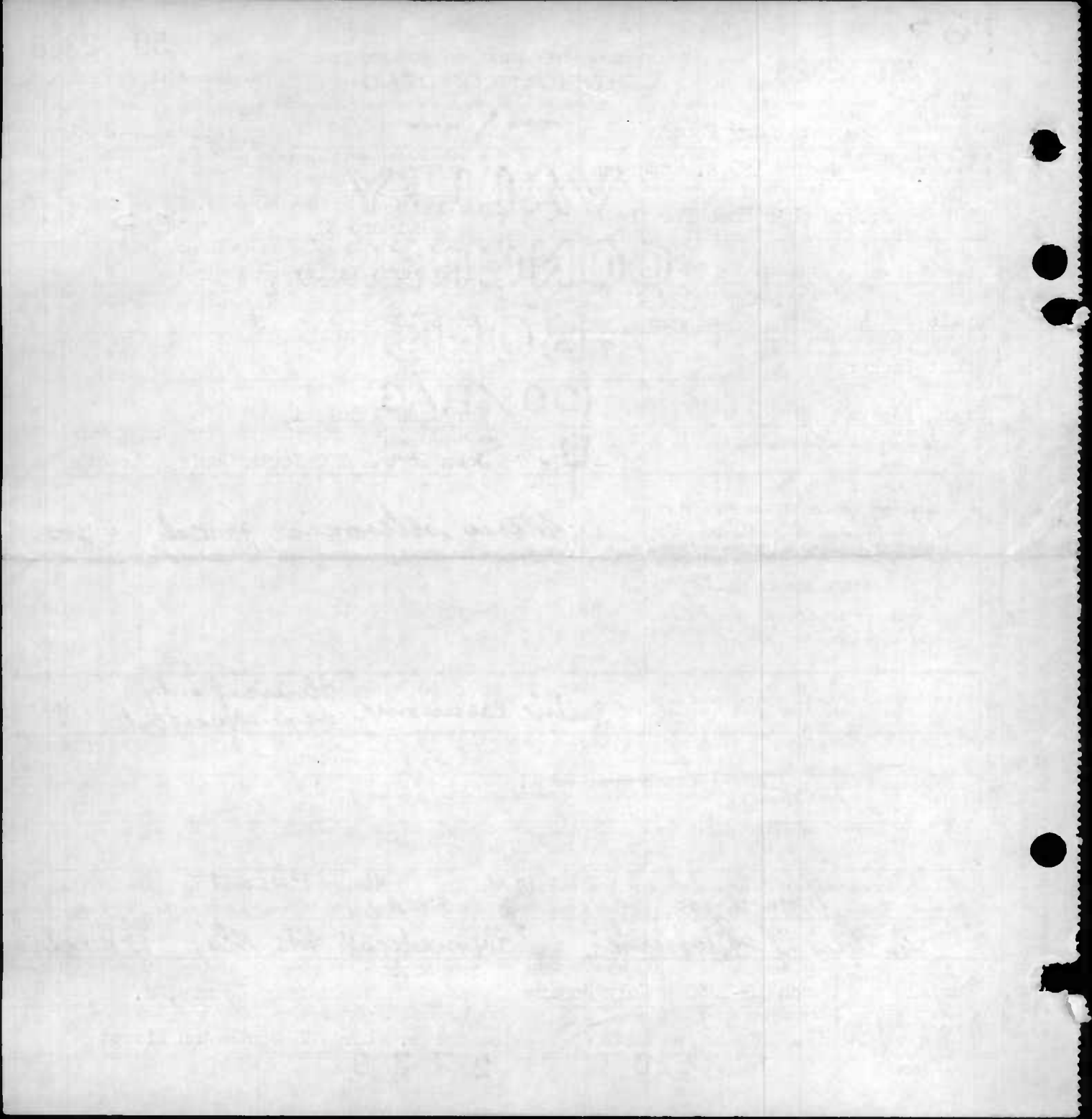
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- 107-50000 2330

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2329

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Alice Carter*2. DATE
OF
DEATH*March 12/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**5-02*

D. STREET ADDRESS (If rural, give location)

1037 Hillen St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 10, 1913

9. AGE (In years last birthday)

36

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eddie Johnson

14. MOTHER'S MAIDEN NAME

Mary Whitfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Johnnie Carter 1037 Hillen St*18. *E916.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *2nd and 3rd Burns of*
DUE TO *90% of Body.*

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*1307 Hillen St**5/2*

21D. TIME (Month) (Day) (Year) (Hour)

3 11 50

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Smoking in bed - Bed caught fire*22. I certify that I took charge of the remains described above, held an *Inspection & Inquiry* thereon and from *Autopsy, Inspection or Inquiry* the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED *March 12, 1950*

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 15/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

March 14 1950

25. FUNERAL DIRECTOR

Mrs. Corbett R. Elliott & Daughter

ADDRESS

1129 N. Caroline St

VS 151

N-948.2

2

3

3

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

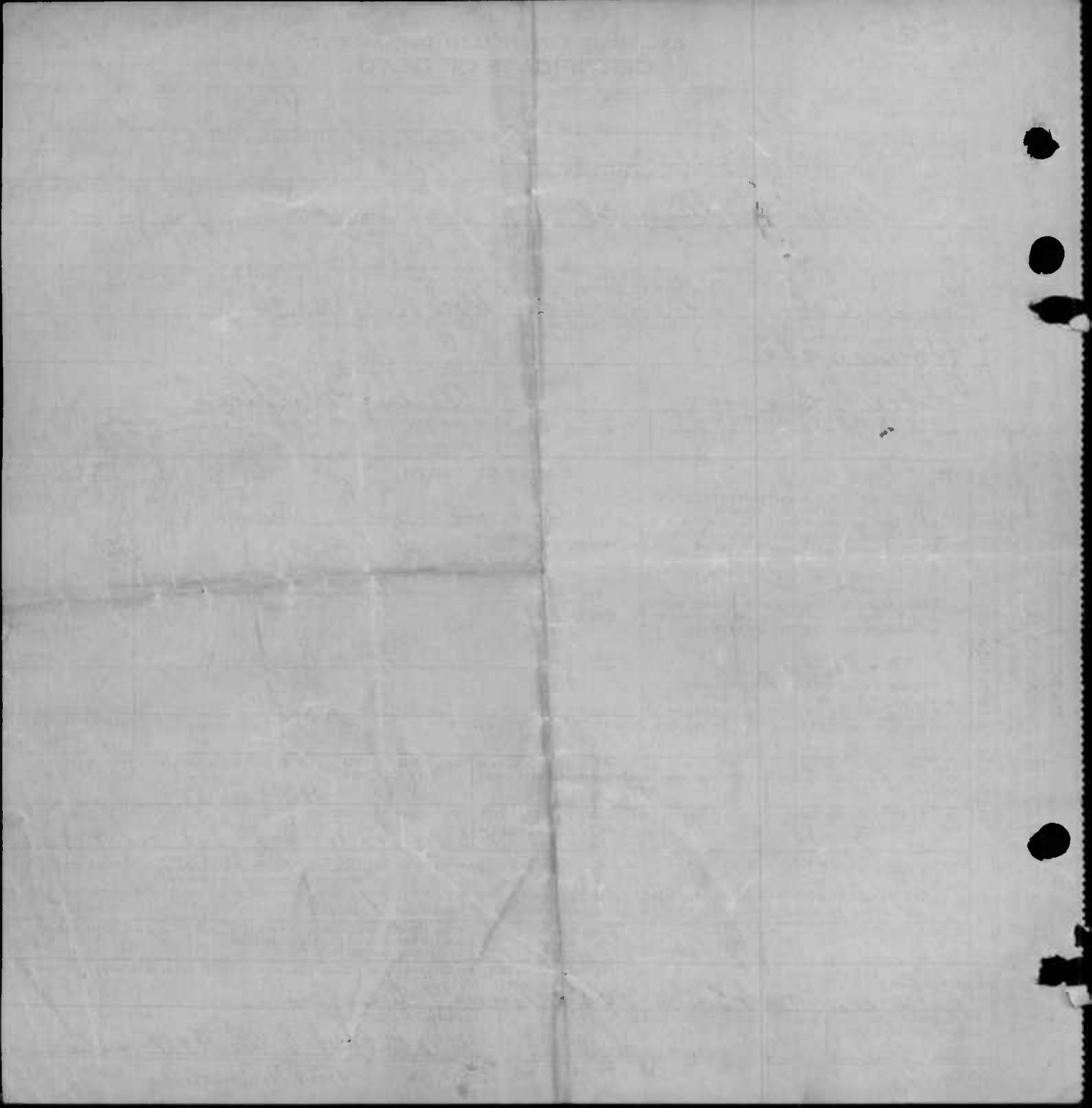
1

1

1

1

1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 2330**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma, Jane Manning.

2. DATE
OF
DEATH

March 12, -1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Baltimore City Hospitals.**

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1521 Ashland Ave.,

c. Length of stay in Baltimore

9 (YEARS)

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 13, 1918

9. AGE (in years last birthday)

31

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert McCorkle

14. MOTHER'S MAIDEN NAME

Margaret Ann ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. Records 4940 Eastern Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Edema bilateral**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Hemothorax, right**

(C) **Lung abscess, RLL**

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-9-50

19B. MAJOR FINDINGS OF OPERATION

Lung Abscess

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1-17-50**, 19**50** to **3-12-50**, 19**50**, that I last saw the deceased alive on **3-12-50**, 19**50**, and that death occurred at **7.20 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

H. C. Cogen M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial
DATE RECEIVED BY LOCAL REGISTRAR
MAR 14 1950

24B. DATE

March 16, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mr Calvary and A.A. County Md

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

ADDRESS

Miss Robert A. Elliott & Dgt

VS 150

1950

233

429 N. Caroline St.

110 B

" This was not active tuberculosis "

See Document File 50-2330

4-19-50

ES

A-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2331

Registered No.

50 2331

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert A. Anderson

2. DATE
OF
DEATH

MAY 11 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

810 Rutland av

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

DO

810 Rutland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

810 Rutland av

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 31, 1863

9. AGE (In years,
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retiree (retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cambridge, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William A. Anderson

14. MOTHER'S MAIDEN NAME

Isabella Curtis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Edw. Jones 810 Rutland av

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1950, to MAY 11, 1950, that I last saw the
deceased alive on 3-11, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edw. Jones

23B. ADDRESS

1612 E. Monument St.

23C. DATE SIGNED

3-13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A.A. County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M. B. A. Elliott & Co.

2129 N. Caroline St.

VS 150

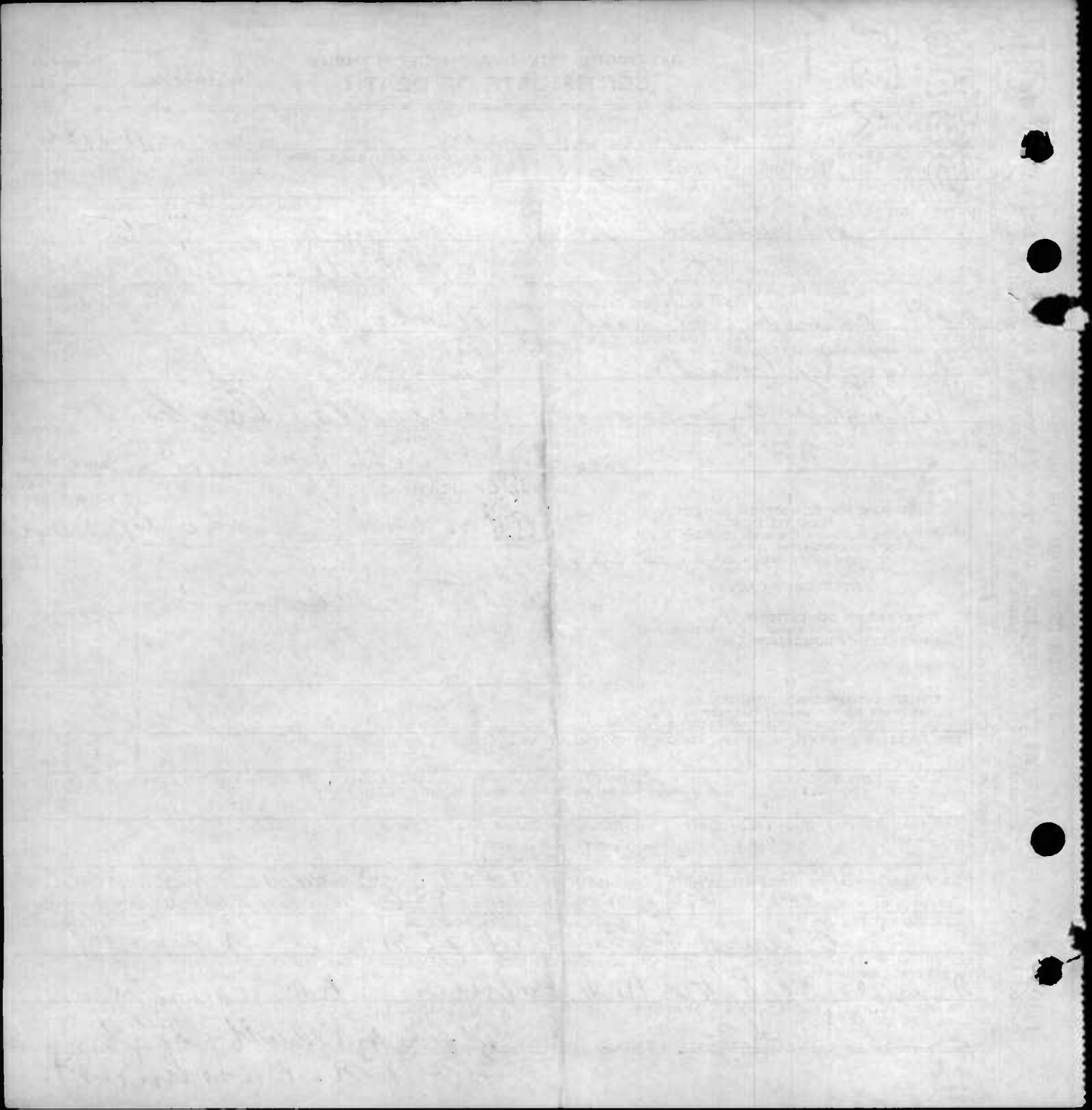
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MAR 14 1950

83a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2332

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charlotte Lindsay

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

00

315 N. Arlington St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-00

D. STREET ADDRESS (If rural, give location)

315 N. Arlington St.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

C

married

June 5, 1909

40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

Greenville, S.C.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Williams

Parthenia Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No.

James Lindsay

18.

E917.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Septicemia*

INTERVAL BETWEEN ONSET AND DEATH

8-9 days?

DUE TO

Hangover of left leg due to

(B)

3rd degree burn of leg.

2-3 wks?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Paralysis of lower extremities - 20 yrs
Chr. Glomerulonephritis

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

H. J. McClafferty

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

December, 1949

?

m.

Home

315 N. Arlington Street

Burned by extremely hot water bottles

22. I hereby certify that I attended the deceased from *12-3-49 to 1-1-50 and* *3-11, 1950*, that I last saw the deceased alive on *3-11, 1950*, and that death occurred at *4 A* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Garland Phisick

902 W. Franklin

3-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

3-14-1950

W. H. Haskins Am. Balto.

3229 N. Schroeder St.

VS 150

N-945.3

181

105500002334

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2333

BIRTH NO. 50 2333

1. NAME OF DECEASED
(Type or Print)

Sarah Corinsh Dempsey

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

00

743 Sarah Ann St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, 4-02

D. STREET ADDRESS (If rural, give location)

743 Sarah Ann St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

August 11, 1920

9. AGE (In years
last birthday)

29

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Cornish

14. MOTHER'S MAIDEN NAME

Rosie Demby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rosie D. Cornish, 743 Sarah Ann St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis ?

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Malnutrition

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2/26 to 3/11/50, that I last saw the
deceased alive on 3/10/50, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Gann

M. D.

23B. ADDRESS

253 Argyle

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

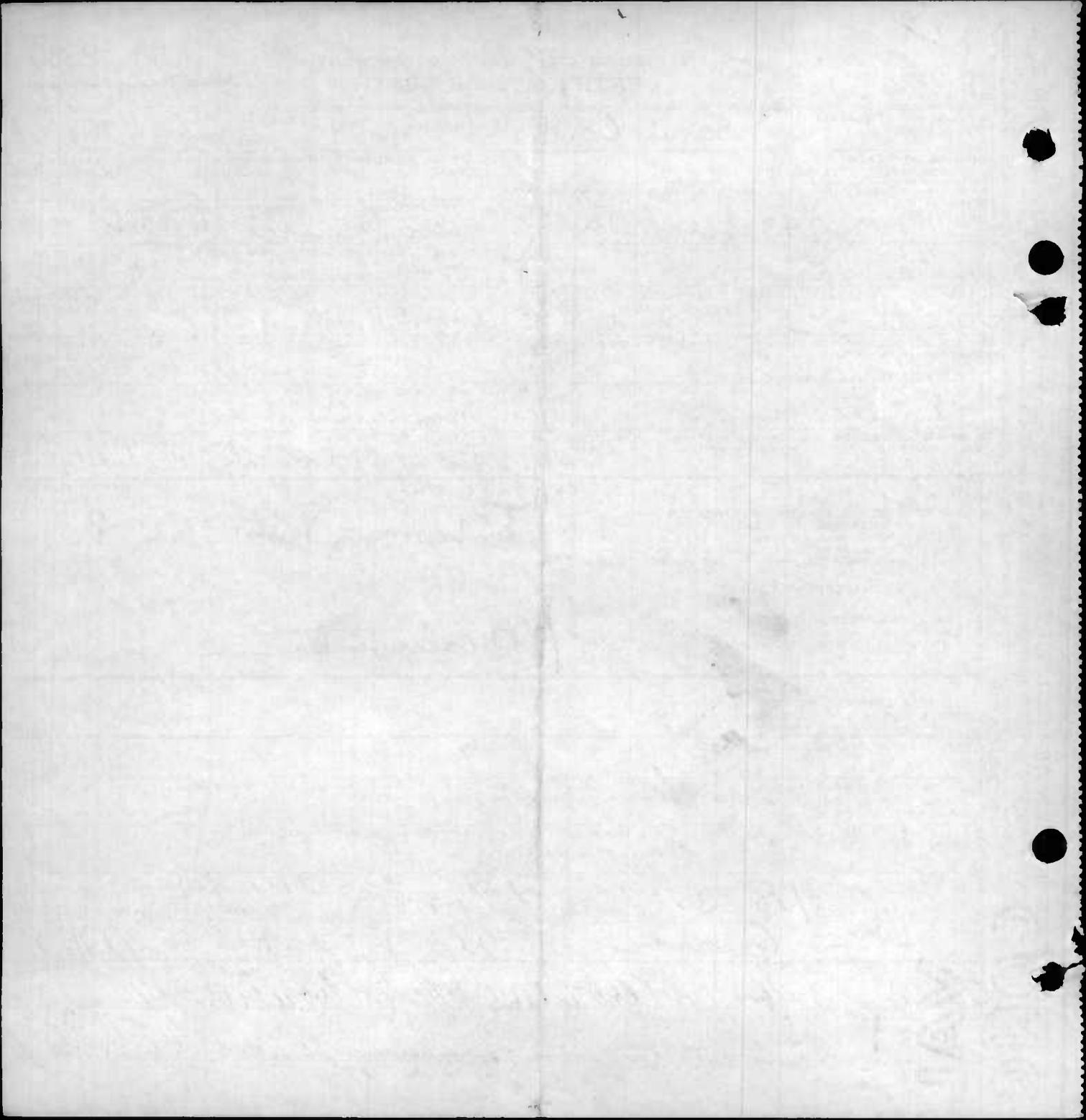
24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR3-16-1950
REGISTRAR'S SIGNATURE
Dwight H. Williams25. FUNERAL DIRECTOR
Mrs. Fatic WilliamsADDRESS 322
N. Schroeder St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

AUGUSTA ELIZABETH MILHOLLAND

2. DATE
OF
DEATH

Mar. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONAshburton Nursing Home
3520 N. Hilton St.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

527 Maude Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 21, 1868

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Hach

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. Wm. F. Milholland

ADDRESS

Severn, Md.

18. 480 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Late Pneumonia

3d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Injury

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

2

19A. DATE OF OPERATION

No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1950, to March 13, 1950, that I last saw the
deceased alive on Jan 17, 1950, and that death occurred at 11:24 m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Stevens

23B. ADDRESS

2818 Hartford Rd

23C. DATE SIGNED

3-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. A. Stevens

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

MAR 14 1950

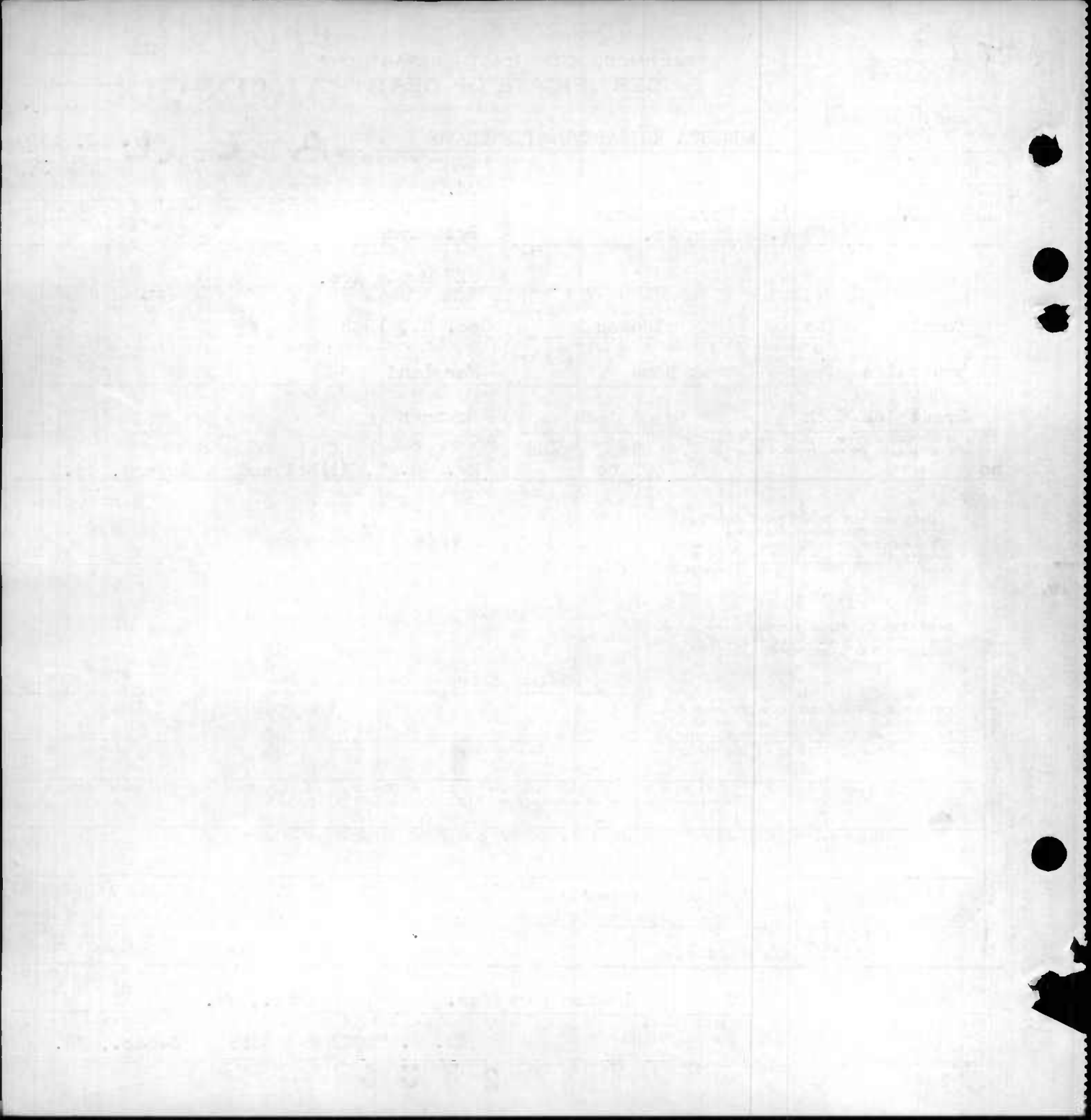
VS 150

14500002336

33a

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



R-460

CERTIFICATE CORRECTED 3-14-50

50 2335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2335

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maude Roller

2. DATE
OF
DEATH

MAR 12 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-02D. STREET ADDRESS (If rural, give location)
829 N. Gilmore St.

c. Length of stay in Baltimore

25 yrs

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kenbridge, Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

BAXTER JOHNSON

14. MOTHER'S MAIDEN NAME

ANNA SMITHSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-28-1950 to 3-12-1950 that I last saw the deceased alive on 3-12-1950, and that death occurred at 11:28 p. m., from the causes and on the date stated above.

23A. SIGNATURE

David Peters

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 16, '50

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL PARK

24D. LOCATION (City, town, or county)

Arbutus, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1950

REGISTRAR'S SIGNATURE

W. J. Williams, M.D.

25. FUNERAL DIRECTOR

THE CHARLES R. LAW MORTUARY

ADDRESS

2 3802-07 MADISON AVENUE

BALTIMORE 1, MD.

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Name - Mrs. J. J. [illegible]

Age - 41

Birthplace - [illegible]

Married - [illegible]

Residence - [illegible]

Occupation - [illegible]

Cause of Death - [illegible]

Time of Death - [illegible]

Place of Death - [illegible]

Signature of Physician - [illegible]

Signature of Coroner - [illegible]

Signature of Registrar - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Name - [illegible]

Age - [illegible]

Birthplace - [illegible]

Married - [illegible]

Residence - [illegible]

Occupation - [illegible]

Cause of Death - [illegible]

Time of Death - [illegible]

Place of Death - [illegible]

Signature of Physician - [illegible]

Signature of Coroner - [illegible]

Signature of Registrar - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

Signature of [illegible] - [illegible]

S-314

50 2336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2336
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmer L. STOFFEL

2. DATE
OF
DEATH

March 11-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Sq. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City Glenburnie

D. STREET ADDRESS (If rural, give location)

Glenburnie Md. Box 498 Route 2

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16-1901

9. AGE (In years last birthday)

48

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Tavern Prop.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Stoffel

14. MOTHER'S MAIDEN NAME

Anna Best.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Elizabeth M. Stoffel

ADDRESS

Glenburnie, Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CORONARY ARTERY DISEASE

INTERVAL BETWEEN ONSET AND DEATH

Severe / months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-12-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/15/1950

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Ave.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Inspector Williams

25. FUNERAL DIRECTOR

Fleming & Fleming 1426 Light St.

ADDRESS

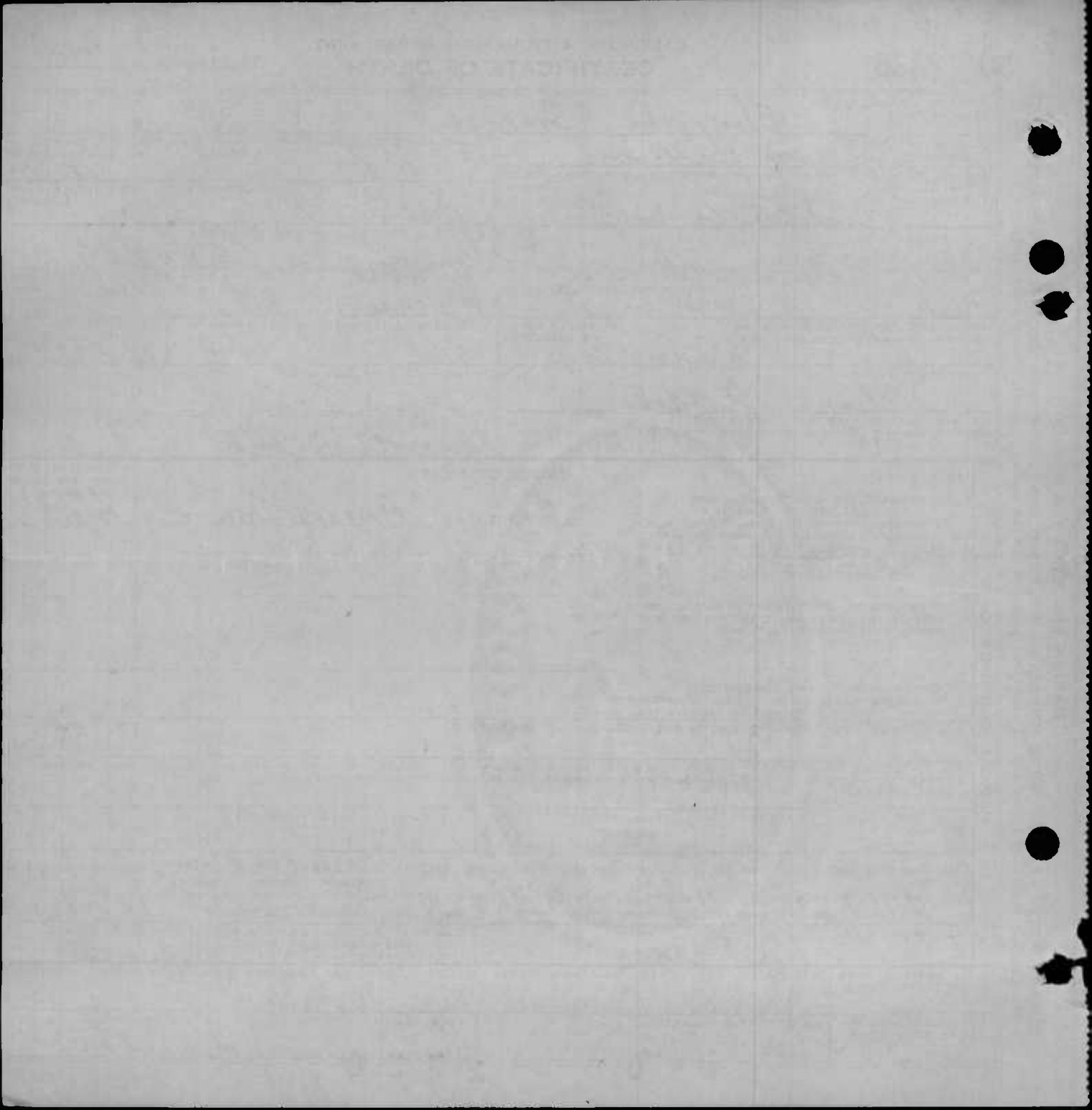
942 U

VS 151

15672

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2337

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Signatory)

Edward Novak

2. DATE
OF
DEATH

March 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 2-07

D. STREET ADDRESS (If rural, give location)

1745 C. Pratt St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 29 1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City Water Dept

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casmier Novak

14. MOTHER'S MAIDEN NAME

unknown Jadwiga

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Infarction of myocardium

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio sclerosis of coronary
arteries

(C)

CERTIFICATION APPROVED BY

R. Fisher

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OF DEPARTMENT

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D. O. A. 19, to, 19, that I last saw the
deceased alive on D. O. A. 19, and that death occurred at 7:52 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Austin

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 17/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

County

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 14 1950

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

John M. Weber

ADDRESS

401 S. Chester St

VS 150

Med. Ex. Case 05087095598 Approved 94a

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Interstate of California
A person named of county
of State

Wm. C. Carter

S-235

Schwichtenberg

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2338

Registered No.

50 2338

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Schwichtenberg</i>			2. DATE OF DEATH <i>March 12/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor Home for the aged</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>8-04</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1526 N. Madera St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 12, 1875</i>		9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>August Schwichtenberg</i>			14. MOTHER'S MAIDEN NAME <i>Augusta</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i> ADDRESS <i>1200 Valley St</i>		

18. <i>422.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Chronic Myocarditis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arterio Sclerosis</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 mo</i> <i>5 yrs</i>
---	----------------	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 1*, 1950, to *March 12*, 1950, that I last saw the deceased alive on *March 12*, 1950, and that death occurred at *4 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall</i>	23B. ADDRESS <i>1637 E. North Ave</i>	23C. DATE SIGNED <i>March 14-50</i>
-------------------------------------	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 16 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>	24D. LOCATION (City, town, or county) (State) <i>E. North Ave Ext</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1950</i>	REGISTRAR'S SIGNATURE <i>W. H. Williams</i>	25. FUNERAL DIRECTOR <i>Leo G. L. 1703 N. Patterson Park</i>	

VS 150

107500002310

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2339
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Wilson

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. COUNTY Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Providence Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-03

c. Length of stay in Baltimore

7 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1607 Riggs ave

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

October 1, 1882

9. AGE (In years last birthday)

67

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lobster

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Wilson

14. MOTHER'S MAIDEN NAME

Lucy Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Walter R. Wilson 3006 Solman ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

1+ year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED 3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Henderson, N.C.

DATE RECEIVED BY LOCAL REGISTRAR

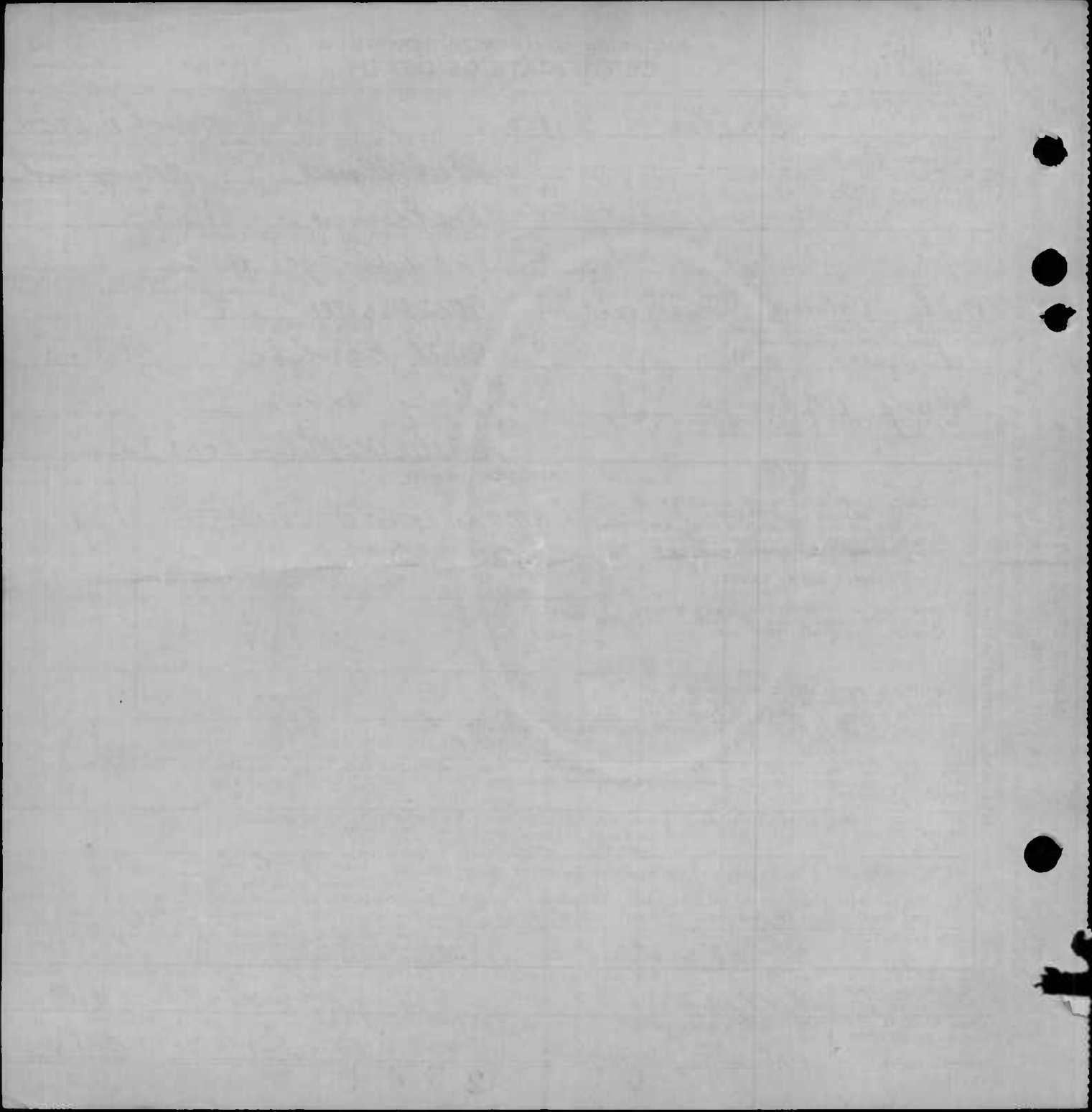
MAR 14 1950

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

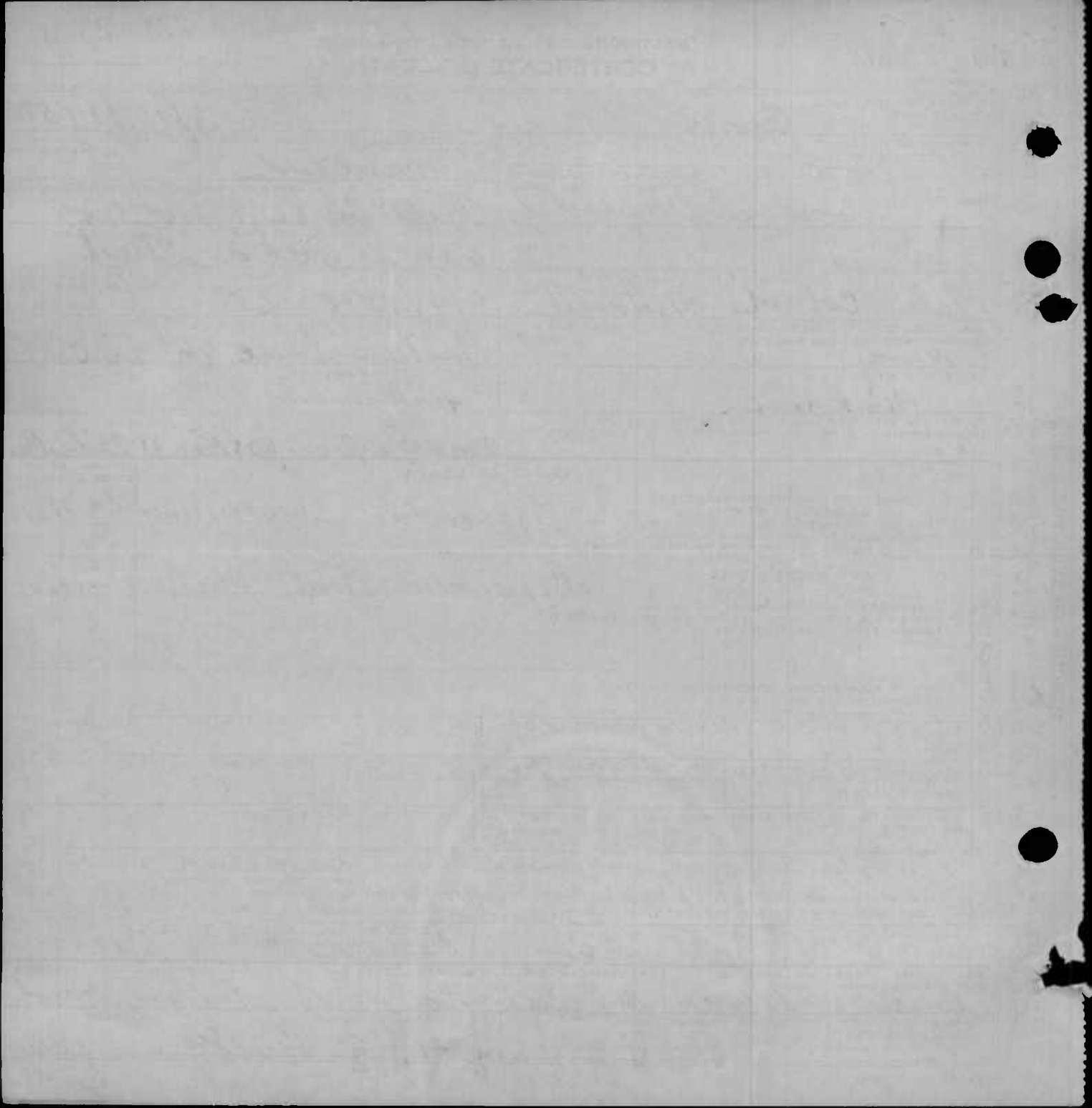
Joseph A. Lively 661 W. Barrett



G-252
50 2340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2340
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George Gaskins</i>		2. DATE OF DEATH <i>3/11/1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 22-02</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>636 So Paca Street</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2/9/1888</i>	9. AGE (In years last birthday) <i>62</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>TRANSFER CO.</i>		11. BIRTH PLACE (State or foreign country) <i>Eastern Shore Va</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U S</i>		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs Nettie Brown 633 Pine St Phila Pa</i>	
18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Myocardial Insufficiency</i> DUE TO (B) <i>Hypertensive Heart Disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>1+ years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>R S Fisher</i>		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED <i>3/12/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/16/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Joseph A Lueky</i>		ADDRESS <i>661 W Banne</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1950</i>		REGISTRAR'S SIGNATURE <i>Wmington Williams</i>		98850	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2341

Registered No.

50 2341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leonard G. Brazier, Sr.

2. DATE
OF
DEATH

March 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

5124 Craig Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

27-10

D. STREET ADDRESS (If rural, give location)

5124 Craig Ave.

c. Length of stay in Baltimore

48

Yrs. ~~1818~~

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

About June 26, 1875

9. AGE (In years last birthday)

about 74

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Supt.

10B. KIND OF BUSINESS OR INDUSTRY

Apartment House

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Brazier,

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

216-03-2002

17. INFORMANT

ADDRESS

Mrs. Helinor V. Mulvey, 2806 Boarman Ave.

18.

723X1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypostatic pneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Severe secondary anemia

DUE TO

(C) Marked generalized hypertrophic arthritis 7 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/9, 1950, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. Thomas M. O.

23B. ADDRESS

4600 York Road

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

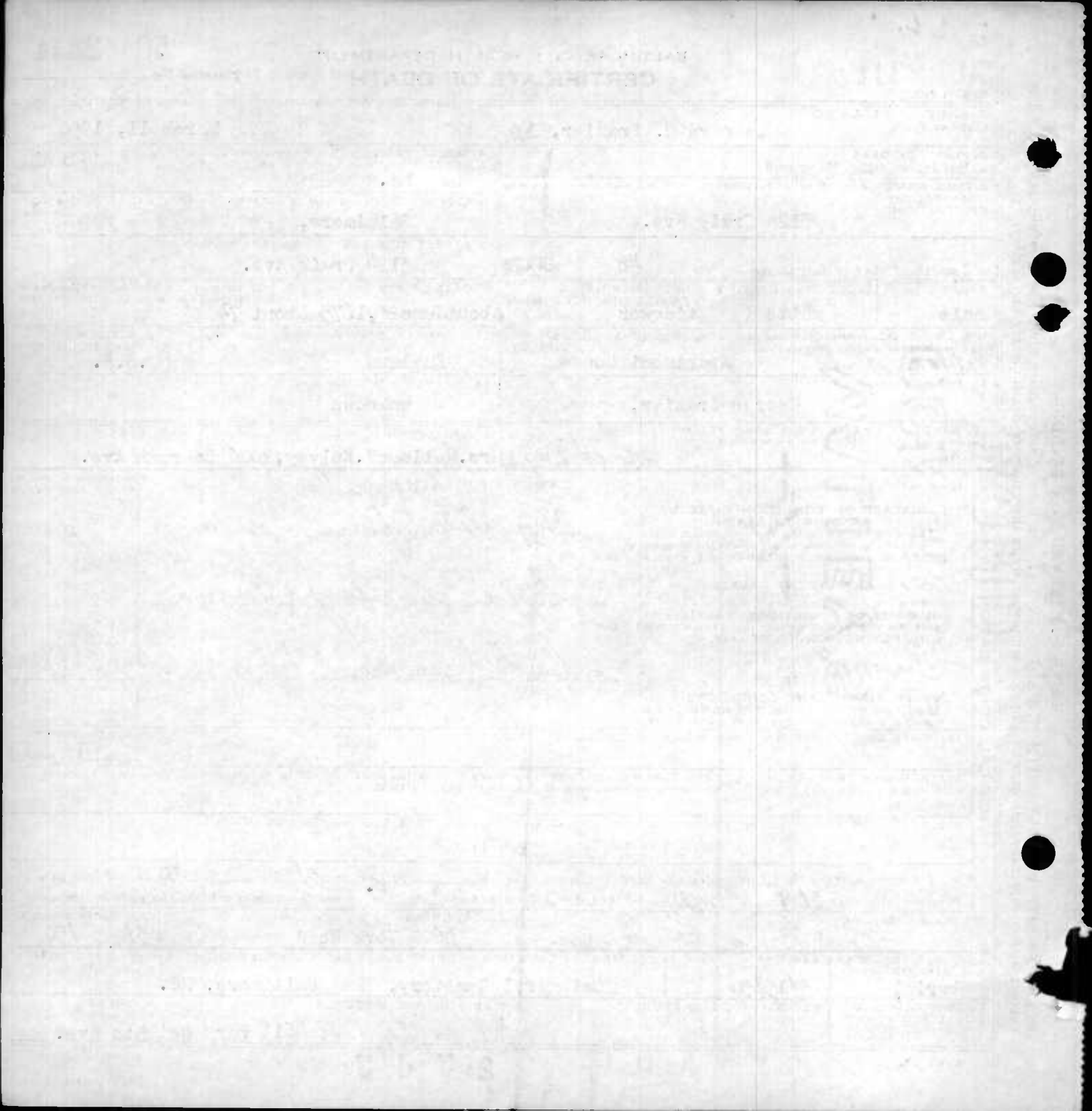
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

J. Vernon Lemmon, 4611 Park Heights Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2342
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roy Elmer Frizzell, Sr.

2. DATE
OF
DEATH

Mar. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

100 2831 Windsor Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-07 B

D. STREET ADDRESS (If rural, give location)

2831 Windsor Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 4, 1883

9. AGE (In years, last birthday)

66

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationery Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Levi Frizzell

14. MOTHER'S MAIDEN NAME

Annie Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-09-0146

17. INFORMANT

ADDRESS

Mrs. Nellie A. Frizzell 2831 Windsor

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(1) Coronary occlusion
(2) Gangrene left foot
(3) Atherosclerosis of the Cardiovascular disease1 d.
3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

20 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(4) Diabetes mellitus
(5) Hypertrophic Arthritis

20 yrs

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Mar 12, 1950, that I last saw the deceased alive on Mar 12, 1950, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-15-50

Westminster

Westminster,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

Howard Strong

G. Howard Strong 3207 W. North Ave.,

Mr. Daniel F. Robinson

2635 G F R L 8984

Letter in document file. 50-2342 4/12/50.

B-

230

50 2343

50 2343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Amelia Buchheit

2. DATE
OF
DEATH

Mar. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

1525 Eutaw Place

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1525 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1880

9. AGE (In years, last birthday)

69

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Parrish

14. MOTHER'S MAIDEN NAME

Margaret Burkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles Horney 1525 Eutaw Pl.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Intestinal obstruction

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma intestine?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 30 Mar, 1950, to 13 Mar, 1950, that I last saw the deceased alive on 13 Mar, 1950, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-16-50

Baltimore

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

G. Howard Strong

3207 W. North Ave.,

VS 150

2345

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. T. Vance Hooper

3531 E. Merrill Ave Be 6033

[Faint, illegible handwritten text, possibly a signature or address]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kate Betz

2. DATE
OF
DEATH

March 13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1831 E. Fayette St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1831 E Fayette St 31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

6-04

D. STREET ADDRESS (If rural, give location)

1831 E. Fayette St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 23, 1861

9. AGE (In years
last birthday)

89

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Hohman

14. MOTHER'S MAIDEN NAME

Catherine --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. M. B. Rippel 1831 E. Fayette St.

18. 304X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Parity with acute dementia

13+

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct '49, to 13 Mar '50, that I last saw the
deceased alive on 13 Mar 19 50 and that death occurred at 3:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Hella M. D.

M. D.

23B. ADDRESS

2214 E Fayette St 31

23C. DATE SIGNED

14 Mar 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March. 15/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

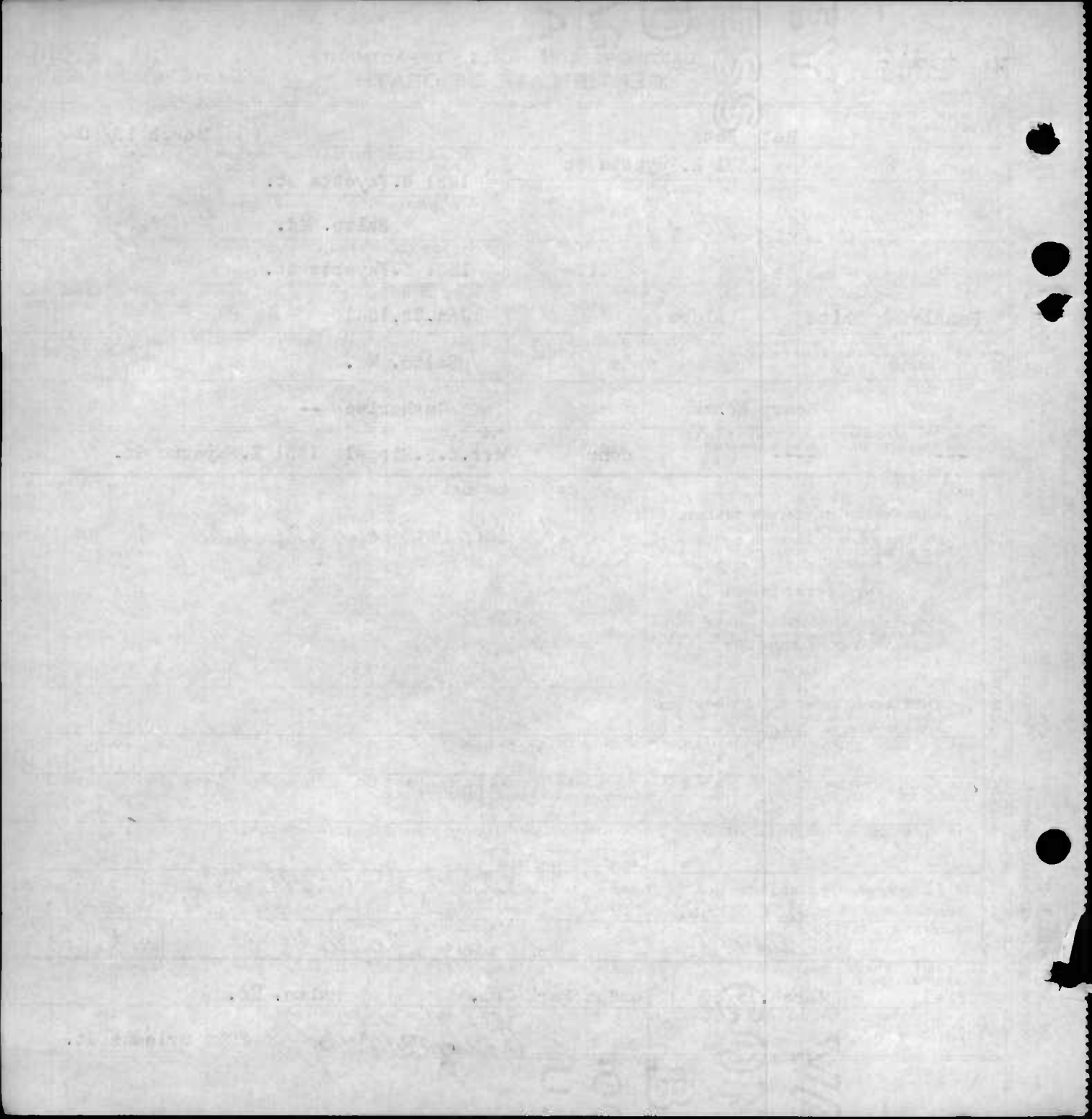
William M. Williams

25. FUNERAL DIRECTOR

Philip H. Hays

ADDRESS

2024 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2345

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Eleanor A. Strider

2. DATE
OF
DEATH

Mch. 12 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4900 Stafford Road

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-01A

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4900 Stafford Road

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 5, 1865

9. AGE (In years last birthday)

85

10 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Matthias Hartman

14. MOTHER'S MAIDEN NAME

Augusta Kunkle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Maude Groves, 4900 Stafford Rd

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized arterio-sclerotic
Cardio-Vascular disease

15 yrs

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1947, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Carolahan

M. D.

23B. ADDRESS

4201 Wilkins St

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-15-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore 23 md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

VS 150

George A. Farley

3 Fulton Ave + Fayette St.

937

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2346

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas Sgori

2. DATE
OF
DEATH

Mar. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

6-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *2710 E. Fairmount Ave.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2710 E. Fairmount Ave.

C. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1878

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

B.T.C. (STREET RLY)

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Salvatore Sgori

14. MOTHER'S MAIDEN NAME

Maria Costanza

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Veneta Sgori 2710 E. Fairmount

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Coro-Vascular Disease*

DUE TO

One week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Atherosclerosis*

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 11*, 1950, to *Mar 11*, 1950, that I last saw the
deceased alive on *Mar 11*, 1950, and that death occurred at *4:20 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/15/50

Holy Redeemer

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.

VS 150

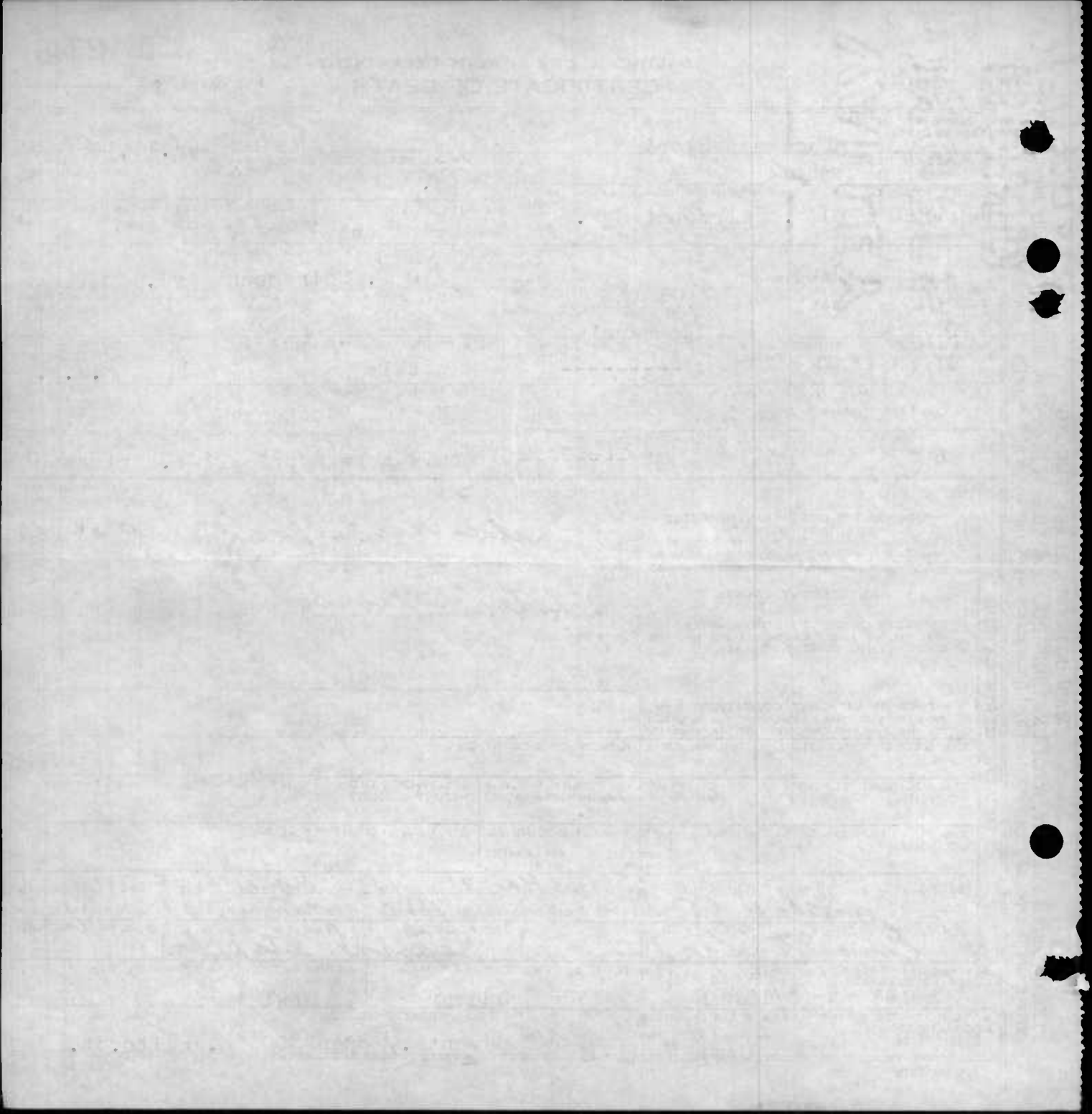
98849

83a

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 2347**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **HUBERT M. ALLEN**

2. DATE OF DEATH **March 3, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

1429 W. Fayette Street

O. STREET ADDRESS (If rural, give location)
1429 W. Fayette Street

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

male

white

1

1891

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **4 yrs**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **DUE TO**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 4, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

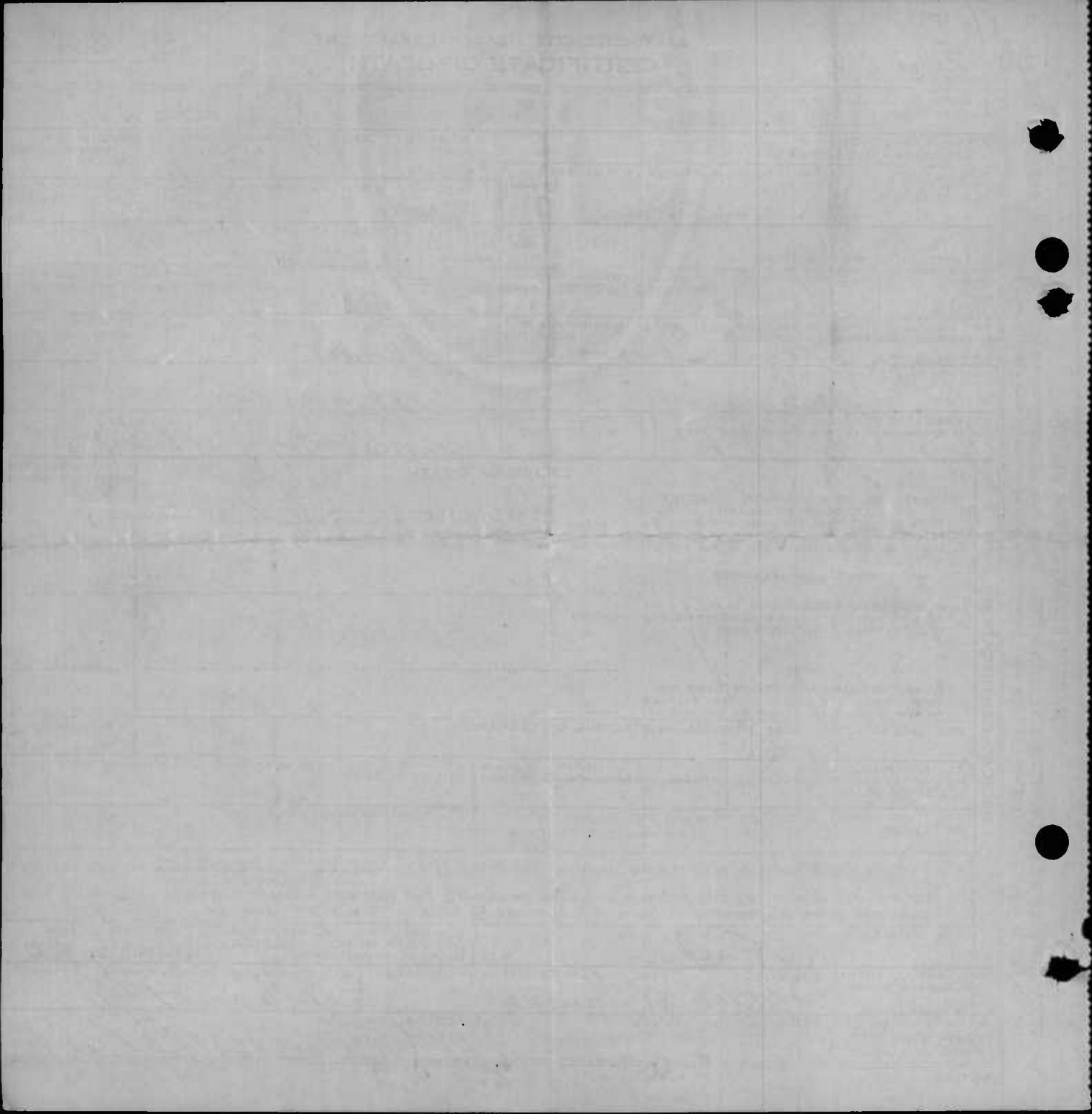
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2348

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES KOLB

2. DATE
OF
DEATH

March 12, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 505 S. Robinson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

505 S. Robinson St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

September 22, 1876

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker

10B. KIND OF BUSINESS OR

FURNITURE INDUSTRY
Louis Hax & Son.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Kolb

14. MOTHER'S MAIDEN NAME

Rosa Isenreich

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Plunhoff 505 S. Robinson St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerosis C.V. Disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Myocarditis*
DUE TO*Jan 1947*

II

(C) *Myocardial Failure*
DUE TO*3-10-50*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947, to Mar 12, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 10:50 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-15-50

Sacred Heart Cemetery

4701 German Hill Rd. Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1950

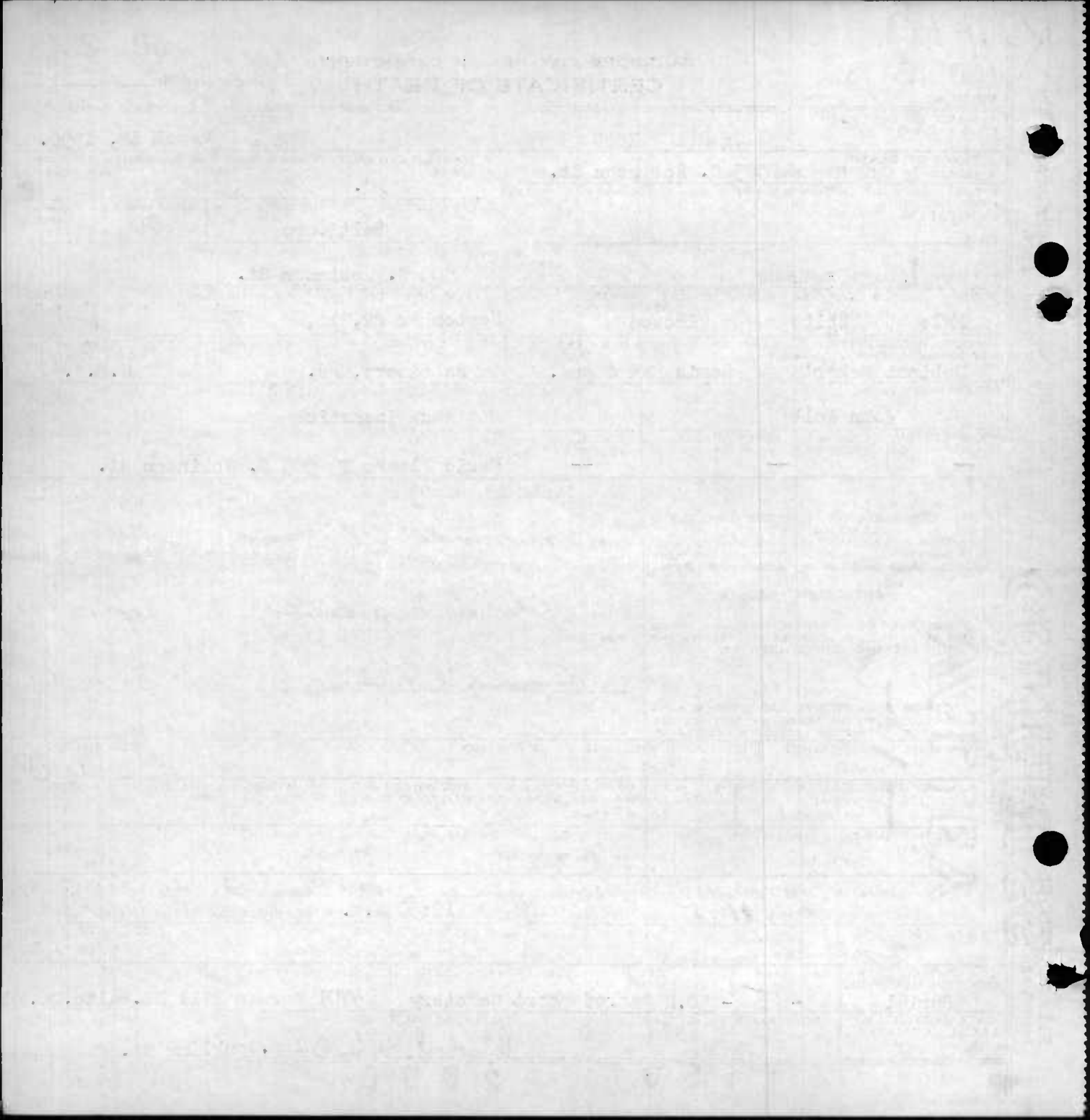
Huntington Williams

Charles L. Zeiler 901 S. Conkling St.

VS 150

709 5 866 23 500

93D



M-460
50 2349BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2349

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILLER, MILDRED G.

2. DATE
OF
DEATH

13 MAR 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE

7-03

c. Length of stay in Baltimore

45 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

700 E. 36TH ST.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

NOV 27, 1904

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SECRETARY

10B. KIND OF BUSINESS OR
INDUSTRY

PHYSICIANS SEC'Y

11. BIRTHPLACE (State or foreign country)

BALTIMORE COUNTY

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES R. MILLER

14. MOTHER'S MAIDEN NAME

MAY ELMIRA KEMP

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

BROTHER

ADDRESS

SAME

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocardial infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

48 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic coronary thrombosis

DUE TO

YRS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 MARCH, 1950, to 13 MARCH, 1950, that I last saw the
deceased alive on 13 MARCH 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Supplente

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/19/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1950

VS 150

236 92

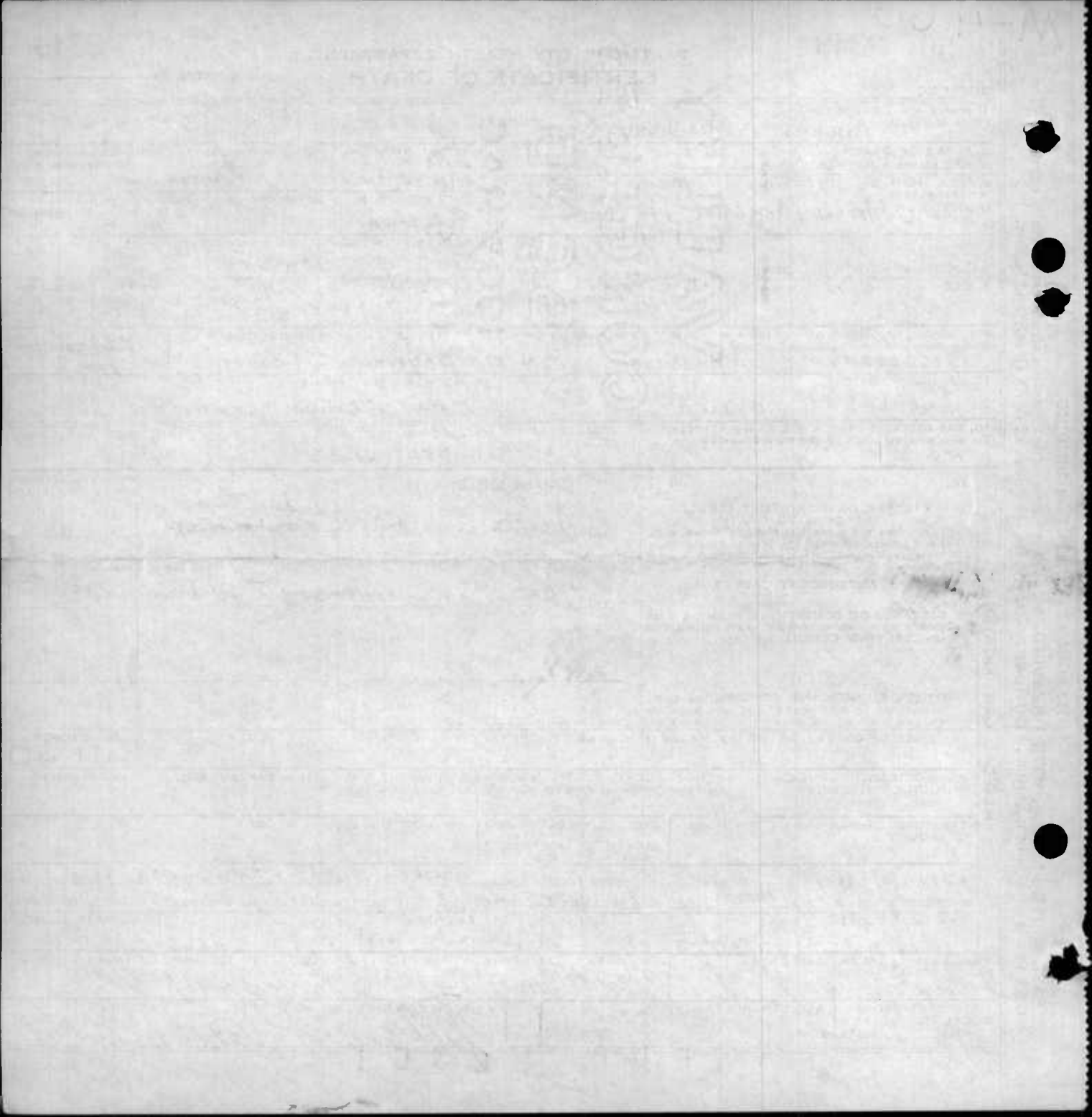
2351

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



13-640
50 2350

50 2350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary M. Burrell

2. DATE
OF
DEATH

3-12-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1026 N. Washington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-04

D. STREET ADDRESS (If rural, give location)
1026 N. Washington

C. Length of stay in Baltimore *Life*

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

4-12-1883

9. AGE (In years, last birthday)

66

Under 1 Year Months: Days: Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

Mary Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sarah Rogers ADDRESS *4137 N. Dallas St.*

18. *490X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-10*, 19*50*, to *3-12*, 19*50*, that I last saw the deceased alive on *3-11*, 19*50*, and that death occurred at *7 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Burrell

M. D.

23B. ADDRESS

121 Airpark St.

23C. DATE SIGNED

3-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-15-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Ann Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

Christina Williams

25. FUNERAL DIRECTOR

Randolph Collick

ADDRESS

1532 E. Biddle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Place of Birth		Date of Death	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issue	

9-635
50 2351

50 2351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HIRSCH GRAUMAN

2. DATE
OF
DEATH

3-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3500 Devonshire Drive Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *md* B. COUNTY _____ before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3500 Devonshire Drive

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

88

9. AGE (In years,
last birthday)

88

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Textile business

11. BIRTH PLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

Germany

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Karoline

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

Jacob Gradman

17. INFORMANT

Jacob Gradman

ADDRESS

18. *4.81 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Marasmus senilis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Grippe*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Generalized Arteriosclerosis*

INTERVAL BETWEEN
ONSET AND DEATH

8 days

20 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1942* to *3-9th*, 1950, that I last saw the deceased alive on *3-9th*, 1950, and that death occurred at *9:25* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Harold H. Bix

23B. ADDRESS

2516 Clinton Ave

23C. DATE SIGNED

3-15th-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-15-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutaw Pl

VS 150

33B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Art
Georgian Court
Apts

La 0506
Ma 9219

Hidden + Hammer
71.8/Corner

H-400

50 2352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2352

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Martha Hill

2. DATE
OF
DEATH

March 13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1835 W. Putnam

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

1835 W Putnam St

c. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Caroline Co. Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Morlon

14. MOTHER'S MAIDEN NAME

Lucy Ellen Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Holmes 1044 Harlem

18. 260 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Diabeticus mellitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovascular

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 12, 1930, to Mar 13, 1950, that I last saw the deceased alive on Mar 11, 1950, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Edward Fisher

M. D.

23B. ADDRESS

1613 E. Monument St

23C. DATE SIGNED

3-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-16-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

James A. Starks

ADDRESS

638 N. 9th St

MAR 15 1950

VS 150

1-905 0 0 0 2 3 5 4

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF CALIFORNIA

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	

CI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

HOKINATH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond J. Horwath

2. DATE
OF
DEATH

March 13, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

West Pacts General Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1839 Ramsay St 19-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct 25, 1927

9. AGE (In years
last birthday)

22

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

No 10-4034

17. INFORMANT

Anna M. Horwath Chesapeake Ct

18. 416 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Rheumatic Cardiovascular Disease
(inactive)INTERVAL BETWEEN
ONSET AND DEATHapprox.
10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/50, 19, to 3/13, 1950, that I last saw the
deceased alive on 3/5, 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Shear

M. D.

23B. ADDRESS

Wash

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Western Gen

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

J. C. S. M. Walter

ADDRESS

Stucky

VS 150

29876

2350

93c

See Document File 50-2354

10-19-50

20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

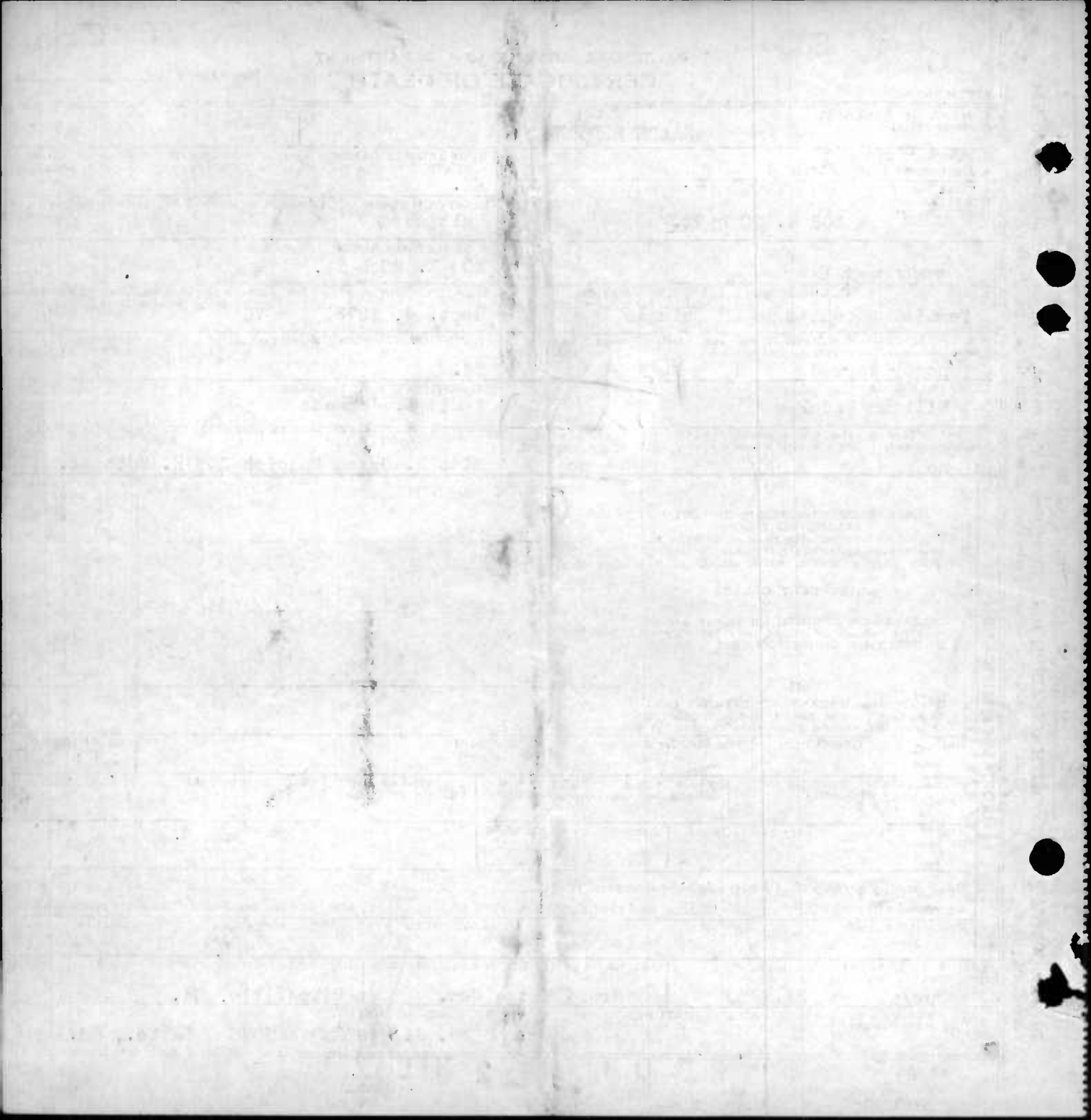
R-341 50 2355

50 2355

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) SAADE RUDOLPH		2. DATE OF DEATH <i>March 14, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 208 E. 20th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 208 E. 20th St. 12-04		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 4, 1873		9. AGE (In years last birthday) 76 H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME William Rudolph			14. MOTHER'S MAIDEN NAME Annie E. Jenness		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Miss E. Grace Rudolph 208 E. 20th St.	
18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis DUE TO _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ 19A. DATE OF OPERATION <i>0</i>			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>		
19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>Feb., 1948</i> to <i>March, 1950</i> , that I last saw the deceased alive on <i>March 11, 1950</i> , and that death occurred at <i>2 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. Bradley Daugherty</i>			23B. ADDRESS <i>1264 Francis Ave.</i>		23C. DATE SIGNED <i>3/14/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/50	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR <i>March 15 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Tickner</i>		25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2356
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cleveland Worme

2. DATE
OF
DEATH

Mar. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-38

D. STREET ADDRESS (If rural, give location)

2909 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Law firm

11. BIRTHPLACE (State or foreign country)

Barbados, B. W. I.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Worme

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jennie Worme

2909 Garrison Blvd.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Mar. 14, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

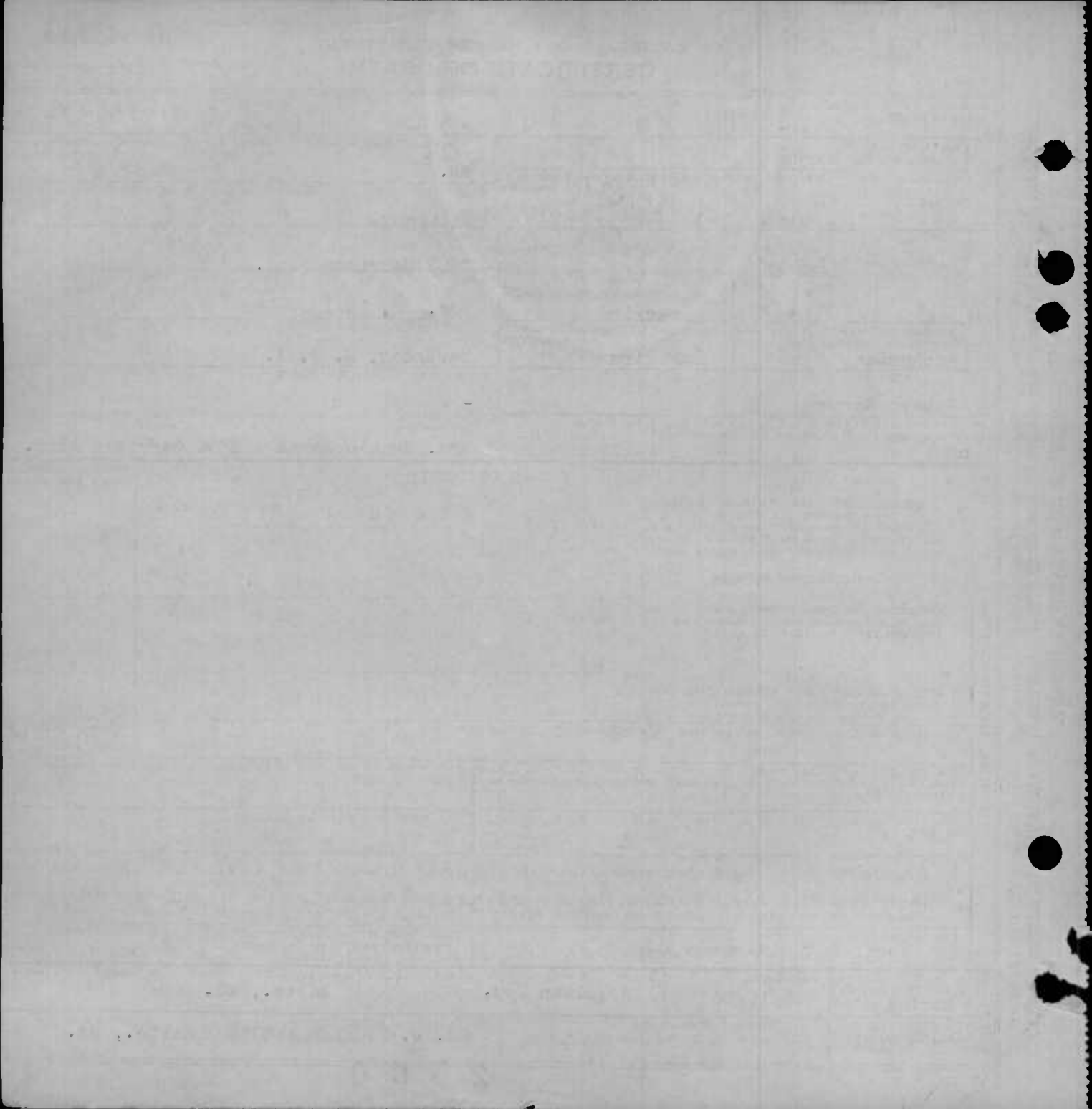
Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Victor
Peter A. Galloway2. DATE
OF
DEATH

MAR 14 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Sewell

D. STREET ADDRESS (If rural, give location)

Long Bar Harbor

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

10-4-70

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Fuel Oil Distributor

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Galloway

14. MOTHER'S MAIDEN NAME

Louisa Jennis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Coronary Thrombosis

7 day

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriosclerotic Heart Disease

3 yrs.

Pulmonary Emboli, sec. to I.

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-10 1950 to 3-14 - 1950 that I last saw the
deceased alive on 3-14, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Bantman, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

John A. Sullivan

John A. Sullivan

John A. Sullivan

John A. Sullivan

John A. Sullivan

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John A. Sullivan

John A. Sullivan

John A. Sullivan

50 2358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2358

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie Wagner		2. DATE OF DEATH 3/12/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1702 W. Durham St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1702 W. Durham St. 8-06		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH JAN. 31. 1871	9. AGE (In years last birthday) 79 M. 1 Year 14 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME John Wellslager			14. MOTHER'S MAIDEN NAME Emma		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Corden Wagner	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary insufficiency (B) DUE TO Generalized arteriosclerosis (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of breast.				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/4 , 19 50 to 3/13 , 19 50 , that I last saw the deceased alive on 3/11 , 19 50 and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE Conrad B. Rulter		23B. ADDRESS 1706 N Washington St		23C. DATE SIGNED 3/13/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/15/50		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Heemann Funeral Home			
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1950		REGISTRAR'S SIGNATURE Thurston Williams, Md.		ADDRESS 6067 Harford Rd	

11/12/50

11/12/50

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11/12/50

50 2359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2359

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Staffel Storm

2. DATE
OF
DEATH

Mar 14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

808 S Tagley

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address of location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bald

26-69

D. STREET ADDRESS (If rural, give location)

808 S Tagley St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Oct 29 1863

9. Age (in years, 1st birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

86

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Carpenter Retired

11. BIRTHPLACE (State or foreign country)

Bald Co

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dont Know

14. MOTHER'S MAIDEN NAME

Dont Know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gilbert Shepling 511 N Highland

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

12 hrs

DUE TO

ANTECEDENT CAUSES

(B)

Chronic Myocarditis

2 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Arteriosclerosis, Infected Teeth +
Chronic Arthritis.

10 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1947, to March 13, 1950, that I last saw the deceased alive on March 13, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael A. Howard

M. D.

23B. ADDRESS

1820 Eutawplace

23C. DATE SIGNED

March 14, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 16/50

24C. NAME OF CEMETERY OR CREMATORY

David Ridge

24D. LOCATION (City, town, or county)

Bald Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans

MAR 15 1950

VS 150

93c

1000

January 1st

1000

January 1st

1000

January 1st

1000

January 1st

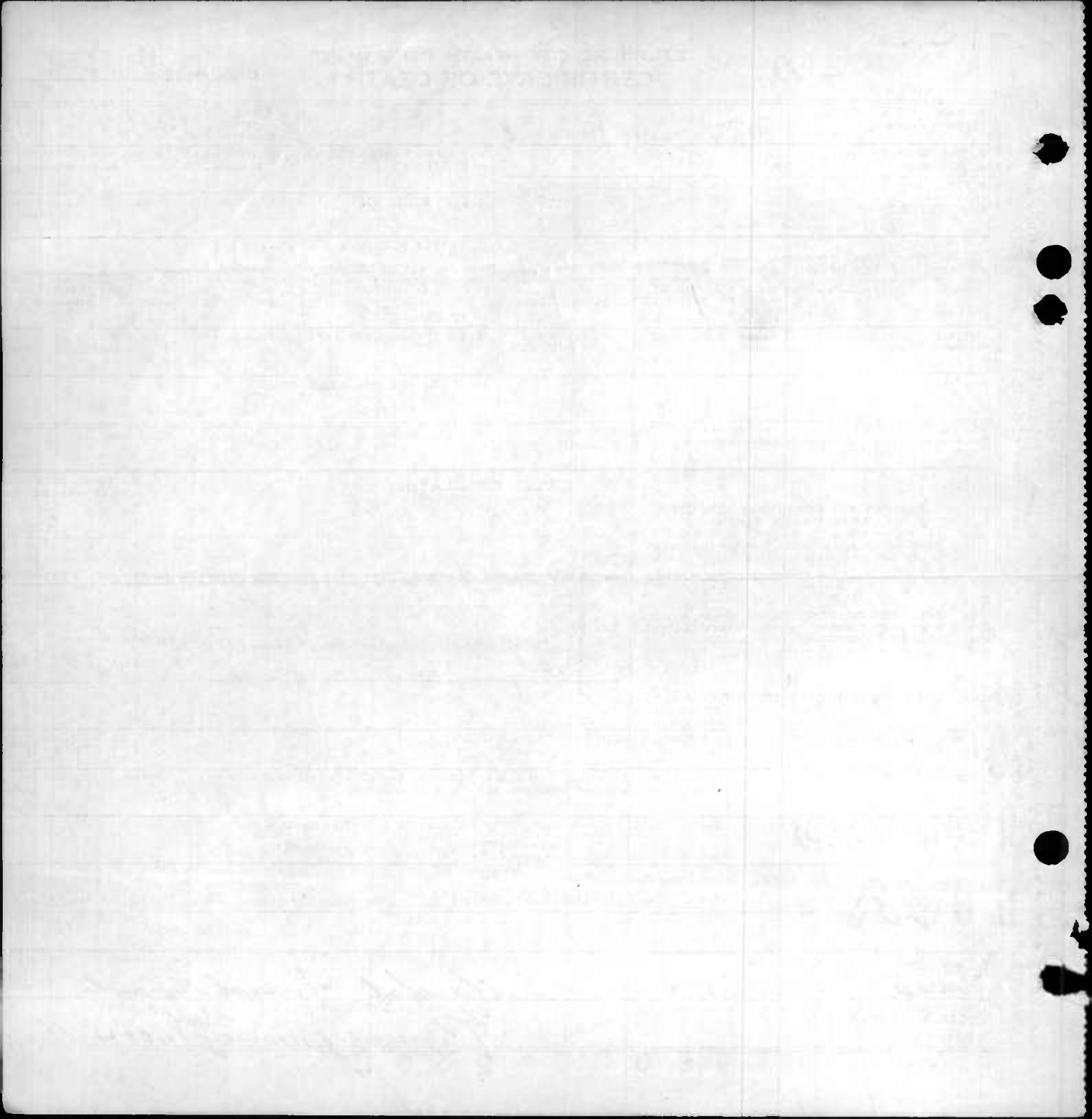
1000

January 1st

January 1st

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2360BIRTH NO. 50-25156

1. NAME OF DECEASED (Type or Print) <u>Baby Boy LA Pointe</u>		2. DATE OF DEATH <u>3/14/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>34 BON SECOURS Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. Co.</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>Howard Ave. Jorb. Howard</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3/14/50</u>
9. AGE (In years last birthday)		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>MR. Duane LA Pointe</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Margocchi</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <u>758.2</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Resp. Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Congenital anomalies - malformation of jaw, scrotum, penis etc</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/14</u> , 19 <u>50</u> , to <u>3/14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>50</u> , and that death occurred at <u>9:05 AM.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>William S. Womack</u>		23B. ADDRESS <u>BON SECOURS Hosp.</u>	
23C. DATE SIGNED <u>3/14/50</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>March 15/50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>		24D. LOCATION (City, town, or county) (State) <u>Frederick Road</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 15 1950</u>		REGISTRAR'S SIGNATURE <u>Thomas J. Kenney</u>	
25. FUNERAL DIRECTOR <u>Thomas J. Kenney</u>		ADDRESS <u>1400 Hollins</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora C.R. Waters (Watters)

2. DATE OF DEATH
8-II-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1337 Brunt St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

1337 Brunt Street

c. Length of stay in Baltimore

15 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 29. 1895

9. AGE (in years last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Middle River Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah Russell

14. MOTHER'S MAIDEN NAME

Emma Boston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
James Queen 1337 Brunt Street

1B.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Congestive Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis
Nephrosclerosis: Malignant

INTERVAL BETWEEN ONSET AND DEATH

20 months

to date

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Susan H. Carter, Jr.

M. D.

23B. ADDRESS

175 Pennsylvania Ave

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-15-1950

24C. NAME OF CEMETERY OR CREMATORY

St Stephens Cem.

24D. LOCATION (City, town, or county)

Essex Bato. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

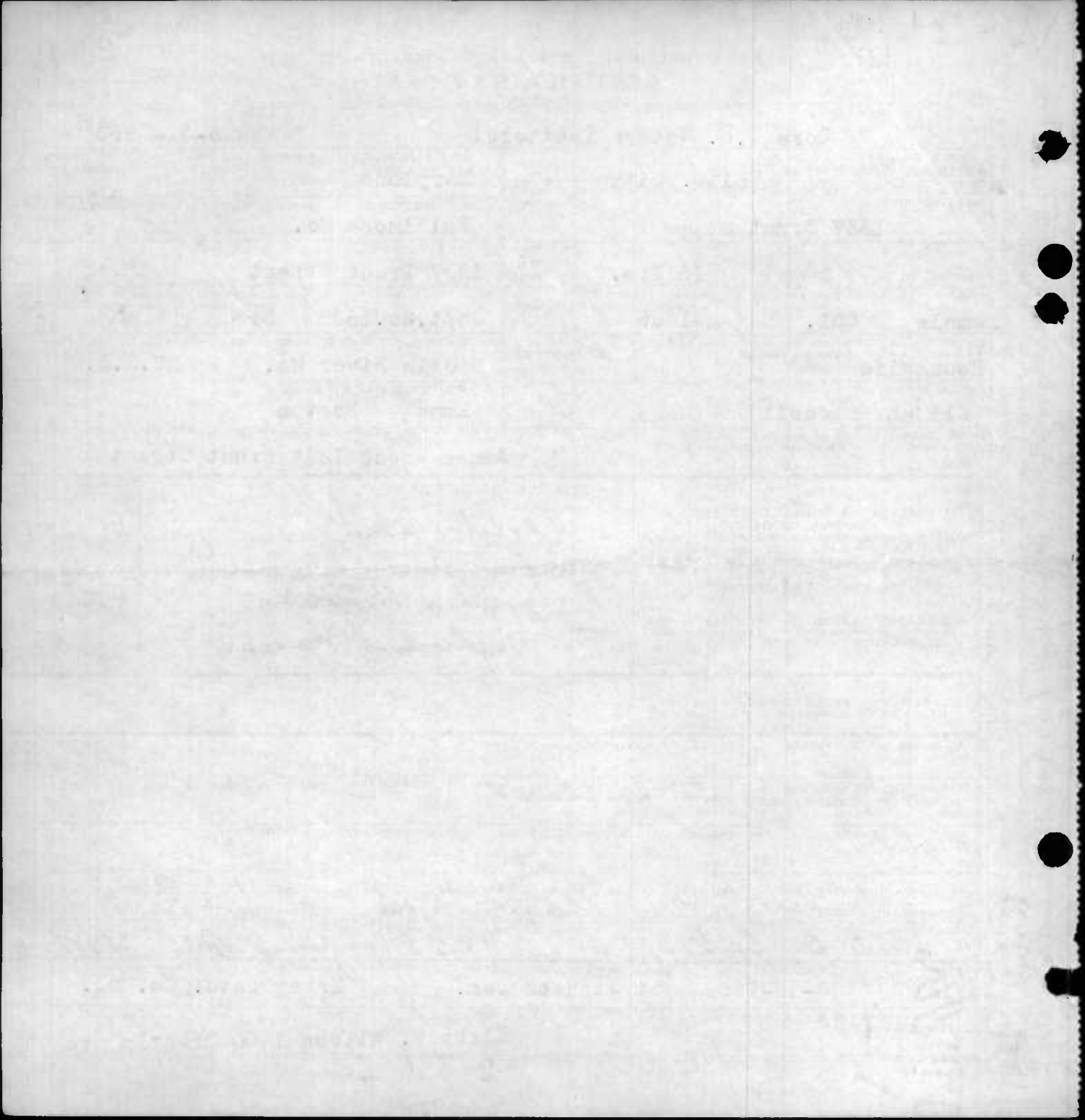
Elroy O. Wilson 1000 Brantly Ave

ADDRESS

VS 150

50002363

131a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2362

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BELLE GREEN

2. DATE
OF
DEATH

March 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

111 N. Bond Street

c. Length of stay in Baltimore

19 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sen.

8. DATE OF BIRTH

10/10/1895

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Halifax Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alex Moore

14. MOTHER'S MAIDEN NAME

Louise Bland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucy Mayor III N. Bond St

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic

~~XXXXX~~ cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic bronchitis

(C) Syphilis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. J. Lubinski

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

VS 151 51950

2364

309 ✓

Has this death to be changed,
for statistical purposes, to
Hypertensive arteriosclerosis, C.V. disease or
Chronic bronchitis or emphysema?

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2363
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Kennedy

2. DATE
OF
DEATH

March 11 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Balto. Gen. Hosp

C. CITY OR TOWN

Baltimore City

(If outside corporate limits, write RURAL and give township)

18-02

D. STREET ADDRESS (If rural, give location)

1022 Vine Street

c. Length of stay in Baltimore

13 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/3/1921

9. AGE (In years last birthday)

29

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto. Repairman

10B. KIND OF BUSINESS OR INDUSTRY

For Self

11. BIRTHPLACE (State or foreign country)

Abbeville S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Williams Savage

14. MOTHER'S MAIDEN NAME

Mary Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

War # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Florence Kennedy 5703 Swift Lane

18. E 819.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Going North on Cherry Hill 90 ft. N. of Giles Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 11, 1950 5 Am.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto into pole

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl L. Royer M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/1950

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

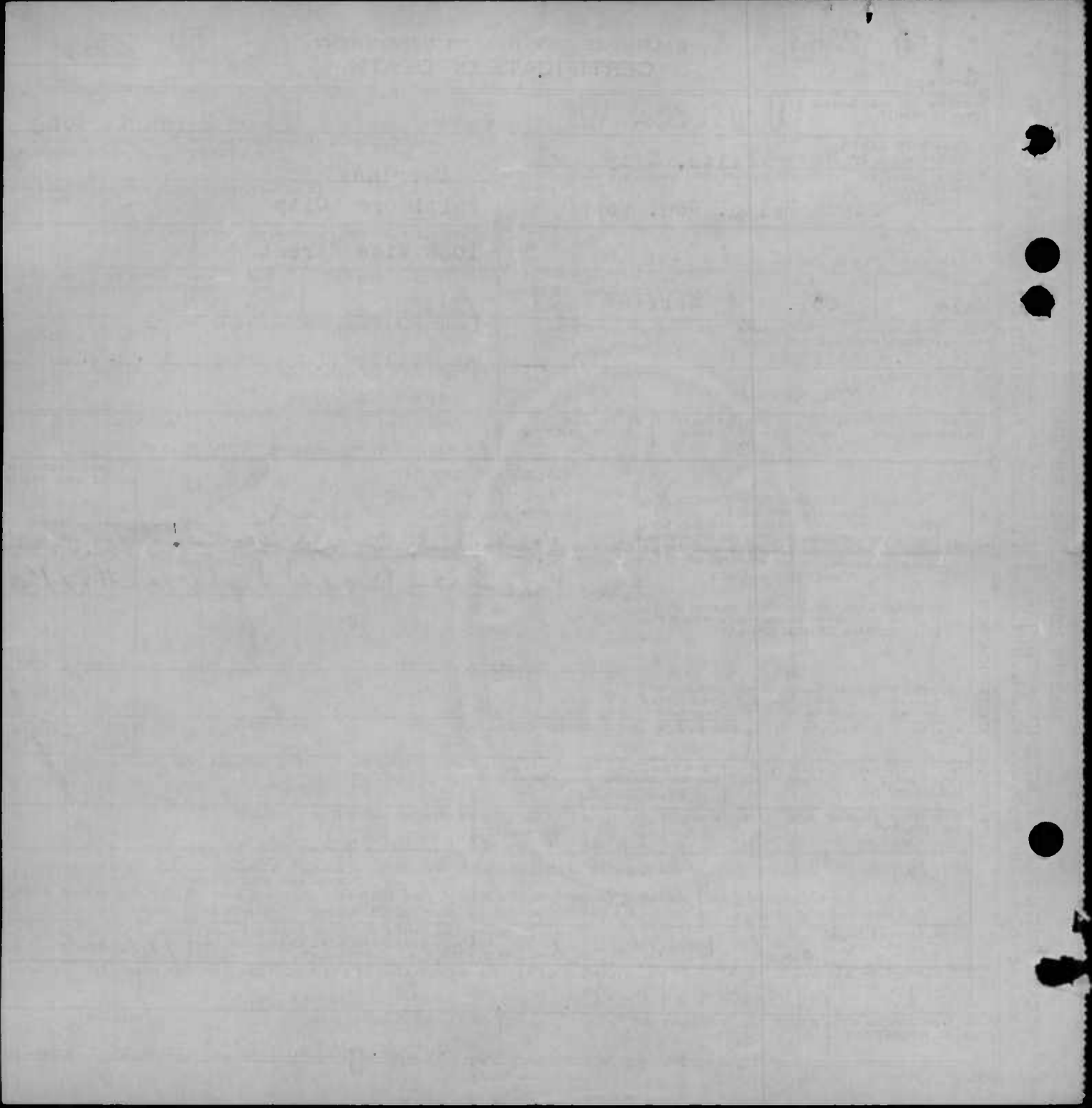
Elroy O. Wilson 1000 Brantly Ave

VS 451

N-805.0

156842565

170c



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2364
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) J. Herman Freeburger			2. DATE OF DEATH March 12, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 732 E. Biddle St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 732 E. Biddle St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1890	9. AGE (In years, last birthday) 59	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer			10B. KIND OF BUSINESS OR INDUSTRY Furniture (W)		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME Oliver A. Freeburger		
14. MOTHER'S MAIDEN NAME Magdaline Franz			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. 218-07-1305			17. INFORMANT ADDRESS Mrs. Ella Freeburger 732 E. Biddle		

18. 591 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ch myocardial disease (A) _____ DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ch Hypertension (B) _____ DUE TO _____				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ch Parenchymatous nephritis (C) _____				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 5/13 to 3/12 , 1950, that I last saw the deceased alive on 3/12 , 1950, and that death occurred at 7:45 a.m. from the causes and on the date stated above.				
23A. SIGNATURE G. H. Hornstein	M. D.	23B. ADDRESS 204 E. Biddle St	23C. DATE SIGNED 3/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 16, 1950	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1950	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR ADDRESS Rita Wiedefeld 900 E Biddle St		

VS 150 **0496602 3 0 6** **131a**

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATLEY
CONFERENCE
100% - 40
A. S. A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 23651. NAME OF DECEASED
(Type or Print)Sadie May Schaefer2. DATE
OF
DEATHMarch 14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2819 Alameda

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto9-06

D. STREET ADDRESS (If rural, give location)

2819 Alameda

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

Oct 4 18869. AGE (In years
last birthday)63If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)At Home10B. KIND OF BUSINESS OR
INDUSTRYHouse Work

11. BIRTHPLACE (State or foreign country)

Balto.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Charles Kranz

14. MOTHER'S MAIDEN NAME

Florence Hodges15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NoNo16. SOCIAL
SECURITY NO.None

17. INFORMANT

Iris Paul

ADDRESS

2819 Alameda18. 200.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

LymphosarcomaINTERVAL BETWEEN
ONSET AND DEATH2yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1 20, 1949, to 3/13, 1950, that I last saw the
deceased alive on 3/13, 1950, and that death occurred at 1230 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Arthur L. Ward

23B. ADDRESS

2400 Alameda Md

23C. DATE SIGNED

3/14/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

MARCH 16 1950

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

24D. LOCATION (City, town, or county)

NORTH AVE & 64 ST

(State)

MDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Arthur L. Ward

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD.

MAR 15 1950

55E

2900 Alameda

13a 7415

Dy Worsley

R-152
B.C. 50-05129
50 2366BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2366
Registered No. _____

BIRTH NO. 50 2366			1. NAME OF DECEASED (Type or Print) <i>Baby Lottie Lawrence Robinson</i>			2. DATE OF DEATH <i>March 13/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1934 Riggs Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			D. STREET ADDRESS (If rural, give location) <i>1934 Riggs Ave</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX <i>M.</i>			6. COLOR OR RACE <i>C.</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <i>March 13/50</i>			9. AGE (in years last birthday) <i>11</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		
13. FATHER'S NAME <i>Eddie Monroe Robinson</i>			14. MOTHER'S MAIDEN NAME <i>Pearl Catherine Williams</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. <i>776 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>PREMATURITY</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>11 HOURS</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C) DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>March 14, 1950</i> to <i>March 13, 1950</i> that I last saw the deceased alive on <i>March 13, 1950</i> and that death occurred at <i>4 A. M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Harry H. Rosenthal</i>			23B. ADDRESS <i>19029 Greenmount Ave</i>			23C. DATE SIGNED <i>March 15-50</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE <i>March 15/50</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>		
24D. LOCATION (City, town, or county) (State) <i>G. G. County Md.</i>			24E. FUNERAL DIRECTOR <i>Wm. H. G. Ellis & Son</i>			24F. ADDRESS <i>2729 N. Caroline St.</i>		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			25. FUNERAL DIRECTOR ADDRESS		

5215

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

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WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

B-650

50 2367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2367

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Brown.

2. DATE
OF
DEATH

March 12, 1956

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

00

1815 Ashland Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

1815 Ashland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 5, 1884

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Warrinton, Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

I

14. MOTHER'S MAIDEN NAME

Sarah Ford.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Living Brown.

415 N. Annapolis

18.

442 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ch. Cardio-renal vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

3 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1949, to Dec. 12, 1950 that I last saw the
deceased alive on Dec. 12, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Rayberry

23B. ADDRESS

1520 E. Chase

23C. DATE SIGNED

3.14.56

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-16-1956

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1956

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams

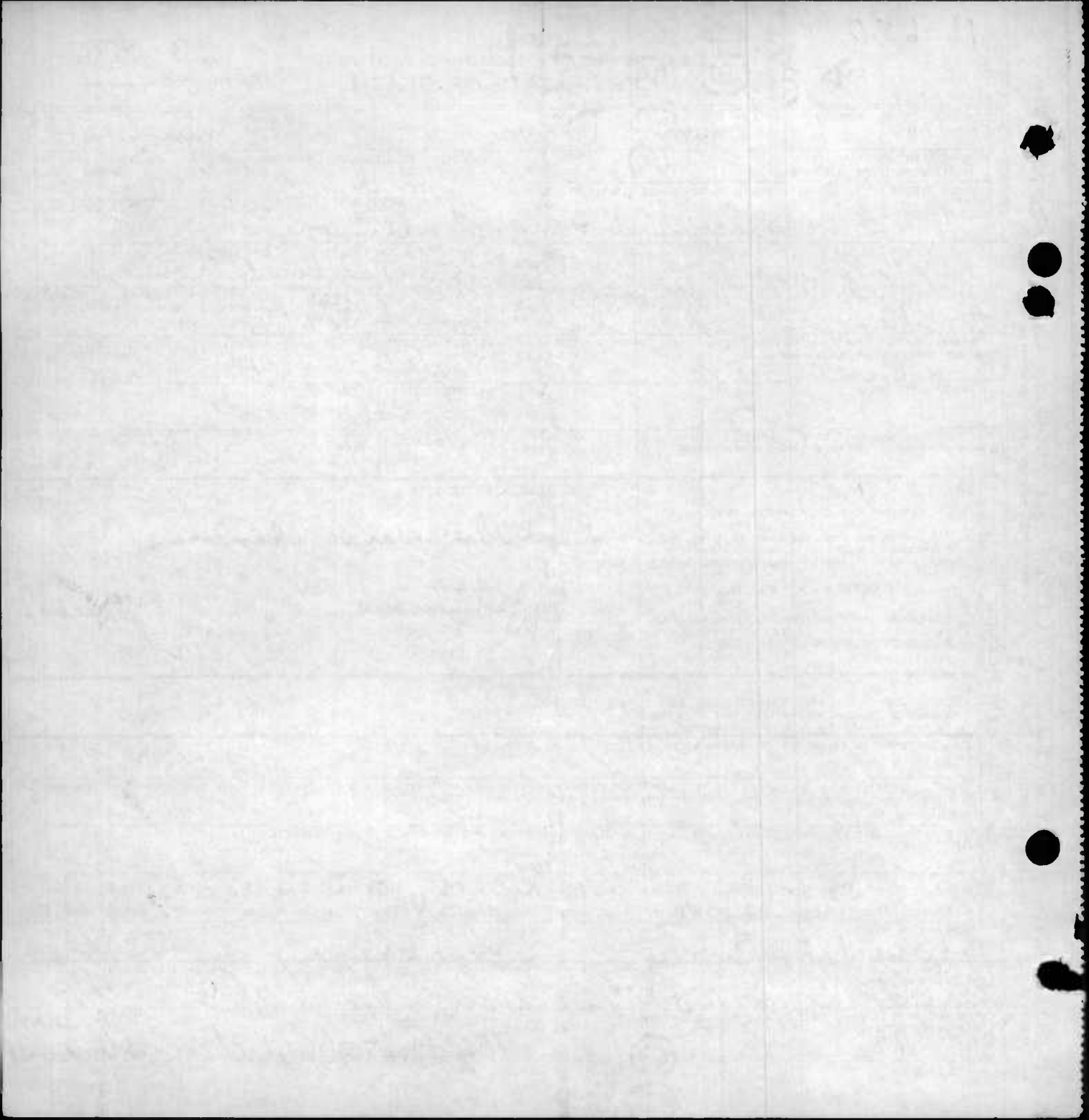
322 N

VS 150

Investigator, Baltimore

77087

131a



H-630
50 2368

50 2368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

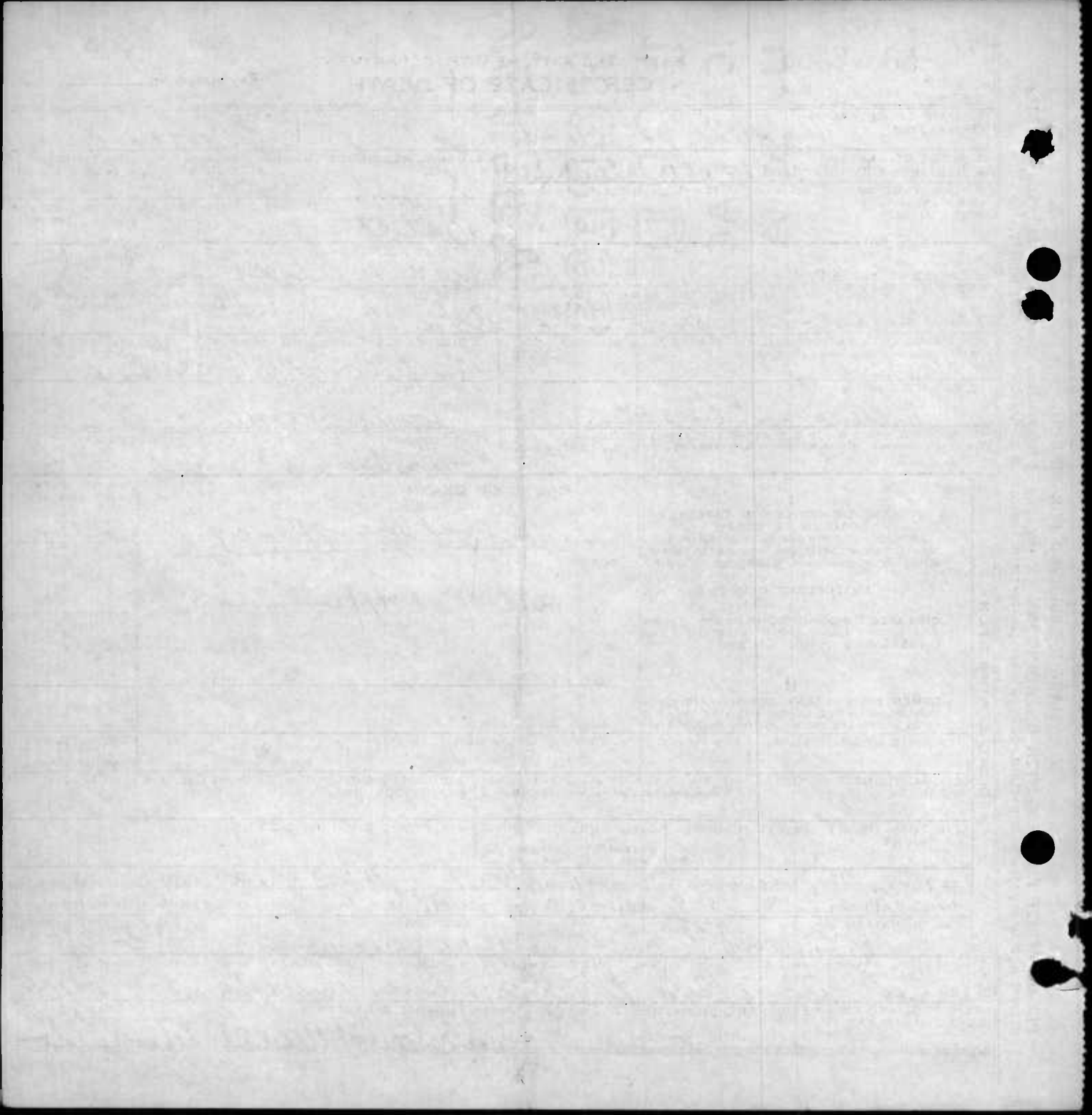
BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) <i>Rachel Harrod</i>			
2. DATE OF DEATH <i>Nov 12 - 1950</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1421 Mulliken St</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>—</i>			
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto City</i> B. COUNTY <i>—</i>			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>5-01</i>			
D. STREET ADDRESS (If rural, give location) <i>1421 Mulliken Court</i>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 2, 1872</i>
9. AGE (In years last birthday) <i>77</i>		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>D. C. Co. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Edwards</i>		14. MOTHER'S MAIDEN NAME <i>Janie James</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Clarence Thomas</i>		ADDRESS <i>5809 N. Carey St.</i>	
18. <i>444X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>cardiac insufficiency</i> DUE TO (B) <i>cardiac hypertrophy</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>Indef</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 1, 1950</i> , to <i>3-12</i> , 1950, that I last saw the deceased alive on <i>5-12</i> , 1950, and that death occurred at <i>4:20</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Edward Fisher</i>		23B. ADDRESS <i>1612 Monument St</i>	
23C. DATE SIGNED <i>3-13-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-17-1950</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>W.T. Zion Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Lansdowne Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1950</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS <i>322 N. Schroeder St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

92 B.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2369**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Martha Pennington**2. DATE
OF DEATH **March 14, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**516 W. Mulberry St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**17-01**

D. STREET ADDRESS (If rural, give location)

516 W. Mulberry St.

c. Length of stay in Baltimore

5. SEX

WHITE FEMALE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

May 19009. AGE (In years
last birthday)**49**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**At. Home**

11. BIRTHPLACE (State or foreign country)

Kentucky12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Pennington, 516 W. Mulberry St.18. **451X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Ruptured Aorta**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerosis**
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. J. McClafferty23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 15, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

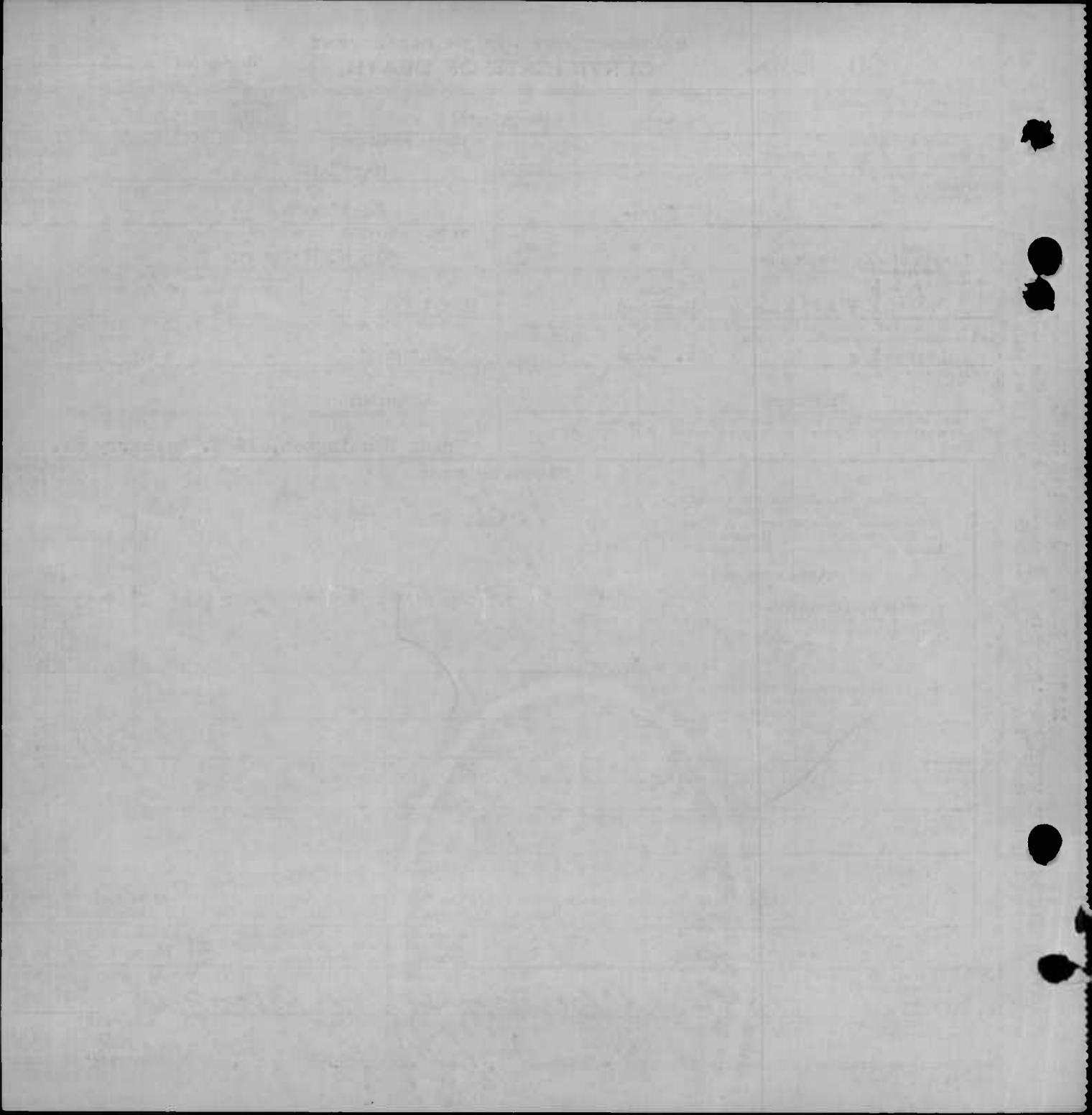
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1950**2371****96**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2370BIRTH NO. 5-25550 2370

1. NAME OF DECEASED (Type or Print) Jennie Shakman			2. DATE OF DEATH march 14, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2117 Dennison St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Maryland Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Crawford Retreat Nursing Home. Baltimore, Md. 15-47			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 50 years.			D. STREET ADDRESS (If rural, give location) 2117 Dennison St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3, 1855	9. AGE (In years, last birthday) 94	10. Under 1 Year Months: 9 Days: 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Harrisonburg, Va.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Adolph ????????			14. MOTHER'S MAIDEN NAME Heller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Philip Sacks			ADDRESS 100 St. Paul St.		

18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial failure DUE TO			INTERVAL BETWEEN ONSET AND DEATH 3 month		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) arterio-sclerosis DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Gangrene heels - (due to arterio-sclerosis)			1 month		
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from 1-29 , 19 50 , to March 14 , 19 50 , that I last saw the deceased alive on 3/12 , 19 50 , and that death occurred at 9 P m., from the causes and on the date stated above.					
23A. SIGNATURE J. Frederick Lutz		23B. ADDRESS Temple Gardens		23C. DATE SIGNED 3/15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 16, 1950	24C. NAME OF CEMETERY OR CREMATORY Har Sinai		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR RT 5 1950		REGISTRAR'S SIGNATURE William M. Williams		25. FUNERAL DIRECTOR ADDRESS David Sondheim & Son 1902 Eutaw Pl.	

TO : DIRECTOR, FBI (100-374301)
FROM : SAC, NEW YORK (100-100000) (P)
SUBJECT: [REDACTED]

RE: NEW YORK TELETYPE TO BUREAU, 1/15/68.

FOR INFORMATION OF THE BUREAU, THE FOLLOWING IS A SUMMARY OF THE MATTER:

ON 1/15/68, THE NEW YORK OFFICE RECEIVED A TELEPHONE CALL FROM [REDACTED]

WHO STATED THAT HE HAD INFORMATION CONCERNING THE [REDACTED]

OF [REDACTED]

THE NEW YORK OFFICE IS CURRENTLY CONDUCTING AN INVESTIGATION OF THIS MATTER.

THE RESULTS OF THIS INVESTIGATION WILL BE FURNISHED TO THE BUREAU AS SOON AS AVAILABLE.

VERY TRULY YOURS,
[REDACTED]

SPECIAL AGENT IN CHARGE

NEW YORK OFFICE

100-100000

1/15/68

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

0-142

50 2371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2371

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie O'Blake

2. DATE

OF

DEATH March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1913 Eutaw Pl.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Twilight Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

1913 Eutaw Pl. Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

512 W. Mulberry St.

17-01

c. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 7, 1871

9. AGE (In years,

last birthday)

78

If Under 1 Year

Months: Days

4 7

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Twilight Nursing Home 1902 Eutaw Pl.

18. 434.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Asthmatic Heart

DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Fractured pelvis

2 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct 29, 1947, to March 14, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. Ellsworth Cook

M. D.

23B. ADDRESS

2431 Maryland Ave

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 16, 1950 Mt. Olive

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

David R. Martin 1902 Eutaw Pl.

MAR 15 1950

David R. Martin 1902 Eutaw Pl.
95C PL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1881

Amos Blake

March 11

My dear Sir

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Yours,
Amos Blake

Amos Blake

Amos Blake

Amos Blake

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

Yours

Amos Blake

1881

Amos Blake

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Yours,
Amos Blake

Amos Blake

Amos Blake

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

L-165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 2372
Registered No.

BIRTH NO. 50 2372

1. NAME OF DECEASED
(Type or Print)

JOSEPH LIEBERMAN

2. DATE
OF
DEATH

3/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

Rural

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

907 Old Oak Rd

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Merchant

11. BIRTHPLACE (State or foreign country)

Tenna

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Matthew Lieberman

14. MOTHER'S MAIDEN NAME

Rose Marie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Omar Tarr 907 Old Oak Rd Balto

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/14, 1950 to 3/15, 1950 that I last saw the
deceased alive on 3/15, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Blazek, M. D.

23B. ADDRESS

Maryland General

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Easton Hgts Cem

24D. LOCATION (City, town, or county)

Easton Tenn

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Williams & Sons Balto Md

See Document File 50-7372

4-19-50

Es

V-426
50 2373BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2373
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ida M. Voelker			2. DATE OF DEATH Mar. 14, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3502 O'Donnell St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-09		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3502 O'Donnell St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1872		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME Frederick Schulka			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Mrs. Morris LeBrun 3502 O'Donnell St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardiovascular Disease DUE TO (B) Myocard Infarction DUE TO (C) Pulmonary Edema General Anoxia Acute Cerebral		INTERVAL BETWEEN ONSET AND DEATH 2 mos. 1 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar - 6 - 1950 to Mar 14, 1950 , that I last saw the deceased alive on Mar 13, 1950 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. G. Geyer M. D.		23B. ADDRESS 156 N. Meade St.		23C. DATE SIGNED 3/15/50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/50		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1950		REGISTRAR'S SIGNATURE Clarence E. Hoffmann		25. FUNERAL DIRECTOR Clarence E. Hoffmann		ADDRESS 1639 Broadway.	

CENTRAL OF GEORGIA

STATION

DATE

TIME

PLACE

REMARKS

REMARKS

REMARKS

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C-512

50 2374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2374

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carol Ann Champagne

2. DATE
OF
DEATH

3/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Louisiana

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lockport

V-16

D. STREET ADDRESS (If rural, give location)

Box 224

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

Female white

S.

9-1-49

6 14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Infant

Infant

Raceland Louisiana

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Russehl J.

LULA MAE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital Heart Disease
(Tricuspid Atresia)

DUE TO

ANTECEDENT CAUSES

(B)

Etiology Unknown.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

25 Feb

Small pulmonary arteries - cong. Ht. disease

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE-AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 21 Feb 1950 to 15 Mar 1950 that I last saw the
deceased alive on 15 Mar 1950, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerald F. Rosenzweig M. D.

JOHNS HOPKINS HOSPITAL

15 Mar 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

3-15-50 St Mary Lockport La.

Paul B. Robertson

MART 5 1950

Washington 2403 E-25th St. 159E

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

614 -

CERTIFICATE OF DEATH

PL 3104

N- 425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2375
Registered No.

BIRTH NO. 50 2375

1. NAME OF DECEASED
(Type or Print) MRS. BARBARA NELSON

2. DATE OF DEATH 3/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPT.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-34

c. Length of stay in Baltimore LIFE

Yrs.
Mos.
DaysO. STREET ADDRESS (If rural, give location)
821 Mapleton Ave5. SEX
FEMALE6. COLOR OR RACE
WHITE7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED8. DATE OF BIRTH
6/16/18809. AGE (In years last birthday) 64
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10B. KIND OF BUSINESS OR INDUSTRY
HOME11. BIRTHPLACE (State or foreign country)
Md.12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
JOHN SANET14. MOTHER'S MAIDEN NAME
MARY ?15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No NONE16. SOCIAL SECURITY NO.
?17. INFORMANT ADDRESS
Hospital Records

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Arteriosclerotic cardio-vascular disease
DUE TO
(B) Cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/2/50, 19__, to 3/13/50, 19__, that I last saw the deceased alive on 3/13/50, 19__, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE
Maddew Swinski23B. ADDRESS
St. Joseph's Hosp23C. DATE SIGNED
3/13/5024A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL24B. DATE
3/17/5024C. NAME OF CEMETERY OR CREMATORY
OAK LAWN24D. LOCATION (City, town, or county) (State)
BALTO. CO. - MD.DATE RECEIVED BY LOCAL REGISTRAR
MAR 15 1950

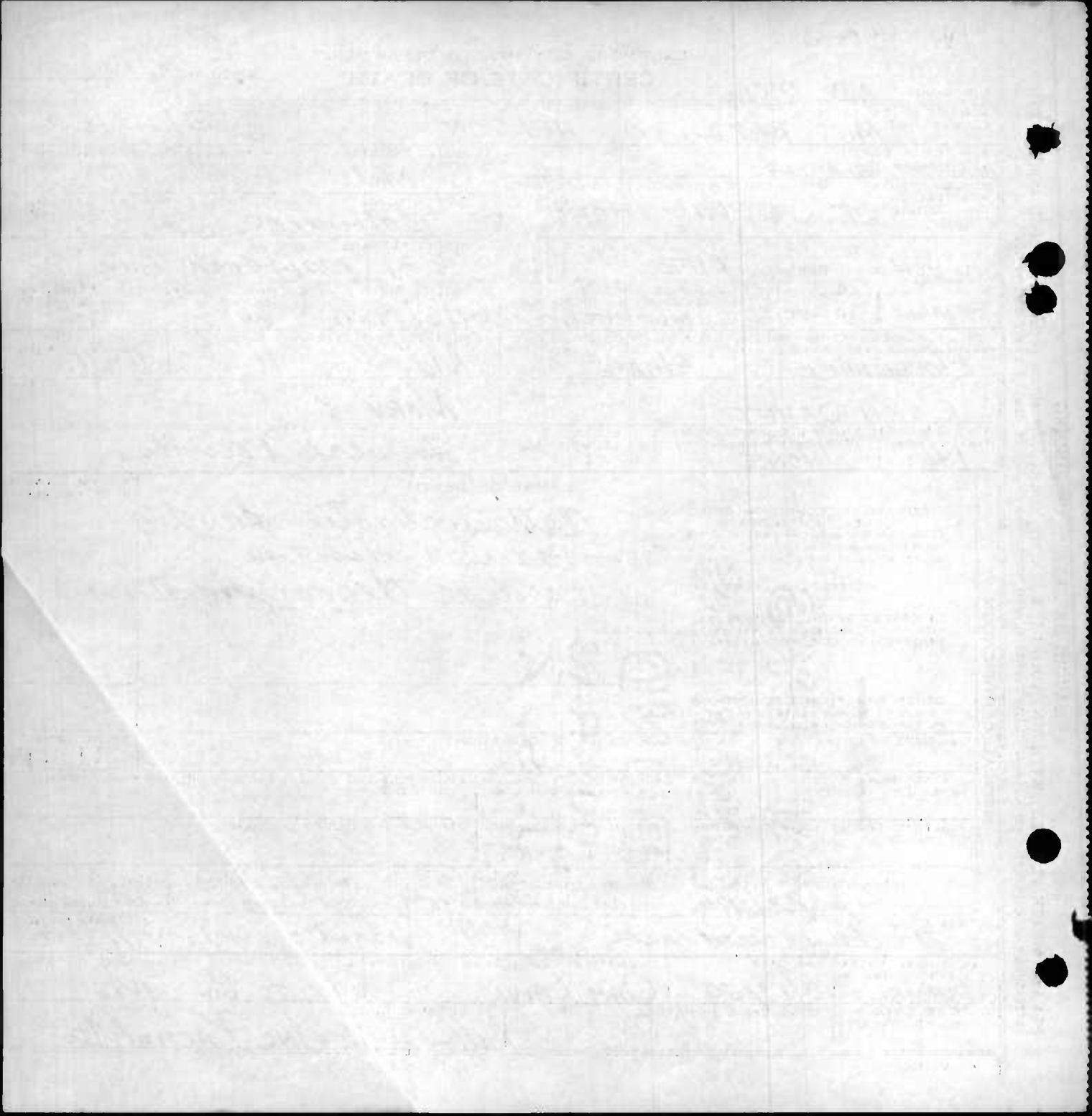
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L. H. ZEHER INC. BALTO. MD.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MS-136524

5-362

50 2376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2376

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Madraw Summers

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1825 E. Baltimore St.

C. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 28, 1894

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

BREWERY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Summers

14. MOTHER'S MAIDEN NAME

Roberta Conklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13-1950, to 3-14-1950, that I last
deceased alive on 3-14-1950, and that death occurred at 12:20 P.m., from the causes and on the date stated.

23A. SIGNATURE

J. H. [Signature]

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE

3-14

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

BURIAL

24B. DATE

3/18/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. CARMEL

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Killy & Zeiler Inc. BALTO

ADDRESS

saw the
ed above.

SIGNED

50

(State)

SS

D. M. D.

13/2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2377
Registered No.

BIRTH NO. 50 2377

1. NAME OF DECEASED
(Type or Print)

Julia Alice STEWART.

2. DATE
OF
DEATH

3.14.1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Doctors Hospital 2724 N. CHARLES ST.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 25-43D. STREET ADDRESS (If rural, give location)
2514 WASHINGTON Blvd.

c. Length of stay in Baltimore 27 — Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

JUNE 21-1893

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Durham, North Carolina

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HARVEY STONE

14. MOTHER'S MAIDEN NAME

CATES, Annas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William A STEWART. 2514 Washington Blvd.

18.

491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia -

Bronch 10 days

Vitamin deficiency 2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.4 505, 1950, to 3.14, 1950, that I last saw the deceased alive on 3-14, 1950, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Loun G. Lann

23B. ADDRESS

2730 N. Charles

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

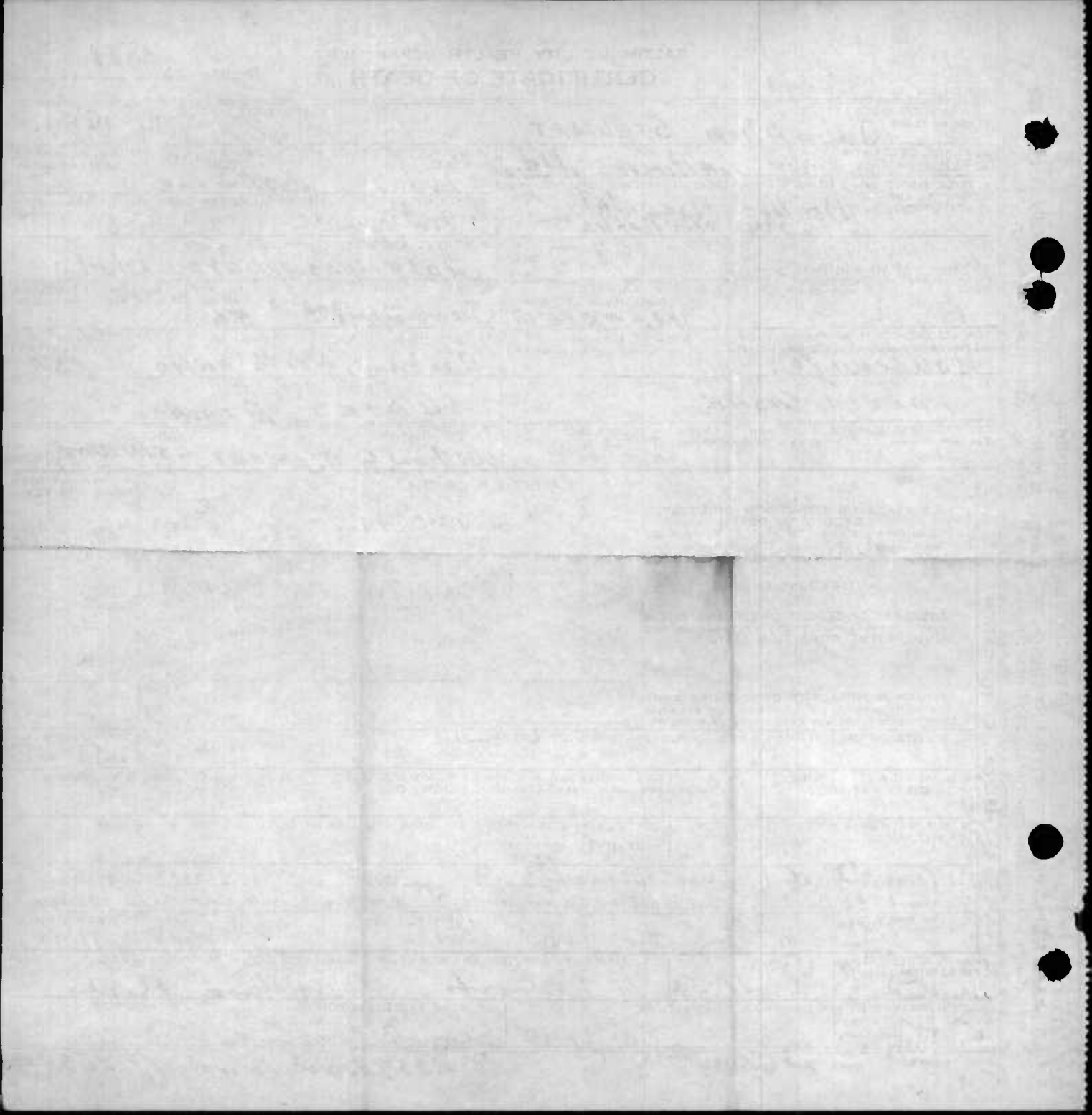
ADDRESS

MAR 15 1950

VS 150

2559 Wash Blvd Balto 30-5

107



M-325
MS-135954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2378
Registered No.

BIRTH NO.

50 2378

1. NAME OF DECEASED
(Type or Print)

Hattie Barlow Madison

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1808 Penrose Ave.

C. Length of stay in Baltimore

37 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 1, 1888

9. AGE (in years
last birthday)

62

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Louisiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaach Barlow

14. MOTHER'S MAIDEN NAME

Cordelia Pirece

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18. 440.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ? Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardio

DUE TO vascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1950, to 3-14-1950, that I last saw the deceased alive on 3-14-1950, and that death occurred at 8:30A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

3-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/18/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home
1631 David Hill Ave.

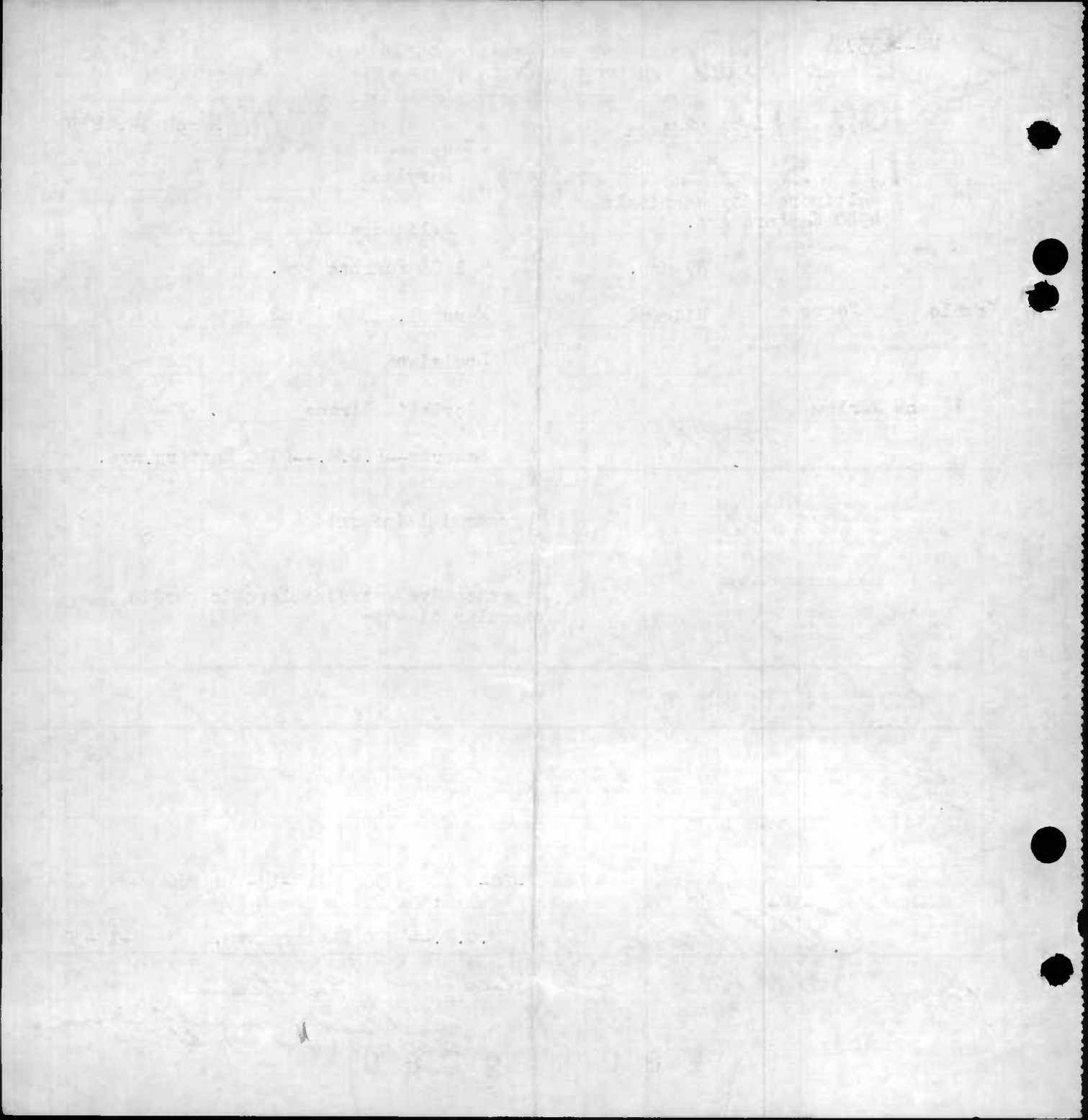
ADDRESS

MAR 15 1950

VS 150

1950 0000 2380

93)



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Atelectasis & Hemorrhage 2 hrs
rt lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Post Operative

Lung
Advanced Tuberculosis, rt yearsOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., lo or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3/8/1950 to 3/13/1950, that I last saw the
deceased alive on 3/13/1950, and that death occurred at 12 m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1950

10500238

T130

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE STATE HEALTH OFFICER

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DEATH CERTIFICATE

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R-252

50 2380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50 2380
4-19622

A-73873

1. NAME OF DECEASED
(Type or Print)

Stephanie L. Rasinski

2. DATE
OF
DEATH

MAR 15 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-07

D. STREET ADDRESS (If rural, give location)

303 S. Lehigh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Balto.

13. FATHER'S NAME

Joseph Rasinski

14. MOTHER'S MAIDEN NAME

Josephine Sakowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

204.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Leukemia, acute

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-3-1950 to 3-15-1950 that I last saw the deceased alive on 3-15-1950, and that death occurred at 100 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William W. Worring

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar. 17, 1950

Holy Rosary

Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Therese M. Halligan

Wm. S. Fialkowski 2007 Eastern Ave

VS 150
MAR 15 1950

109 5 0 2 3 8 2

74a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COUNTY OF DALLAS

STEPHANIE L. RAY

ALLIANCE

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E-145
50 2381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2381

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA STAKEMAN EBELING

2. DATE
OF
DEATH

3-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

34 BON SECOURS HOSP.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give
township)

27-14

D. STREET ADDRESS (If rural, give location)

329 HANTHORNE RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-4-66

9. AGE (In years)

83

10. Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

N. J.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Stakeman

14. MOTHER'S MAIDEN NAME

Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Karl W. Ebeling

5200 Tilbury Way

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE CARDIAC FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIOVASC. DISEASE

DUE TO

(C) GENERALIZED ARTERIO-SCLEROSIS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1950, to 3-15, 1950, that I last saw the
deceased alive on 3-9, 1950, and that death occurred at 8⁰⁰ A. M., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Shohler

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

MAR 15 1950

93D

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1895

CERTIFICATE OF DEATH

THE STATE OF TEXAS

COUNTY OF

DATE

TIME

PLACE

DECEASED

AGE

SEX

COLOR

RELATIONSHIP

CAUSE

PLACE

DATE

SIGNATURE

TESTIMONY

DECEASED

AGE

SEX

COLOR

RELATIONSHIP

CAUSE

PLACE

DATE

SIGNATURE

TESTIMONY

DECEASED

AGE

SEX

COLOR

RELATIONSHIP

P-626
50 2382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

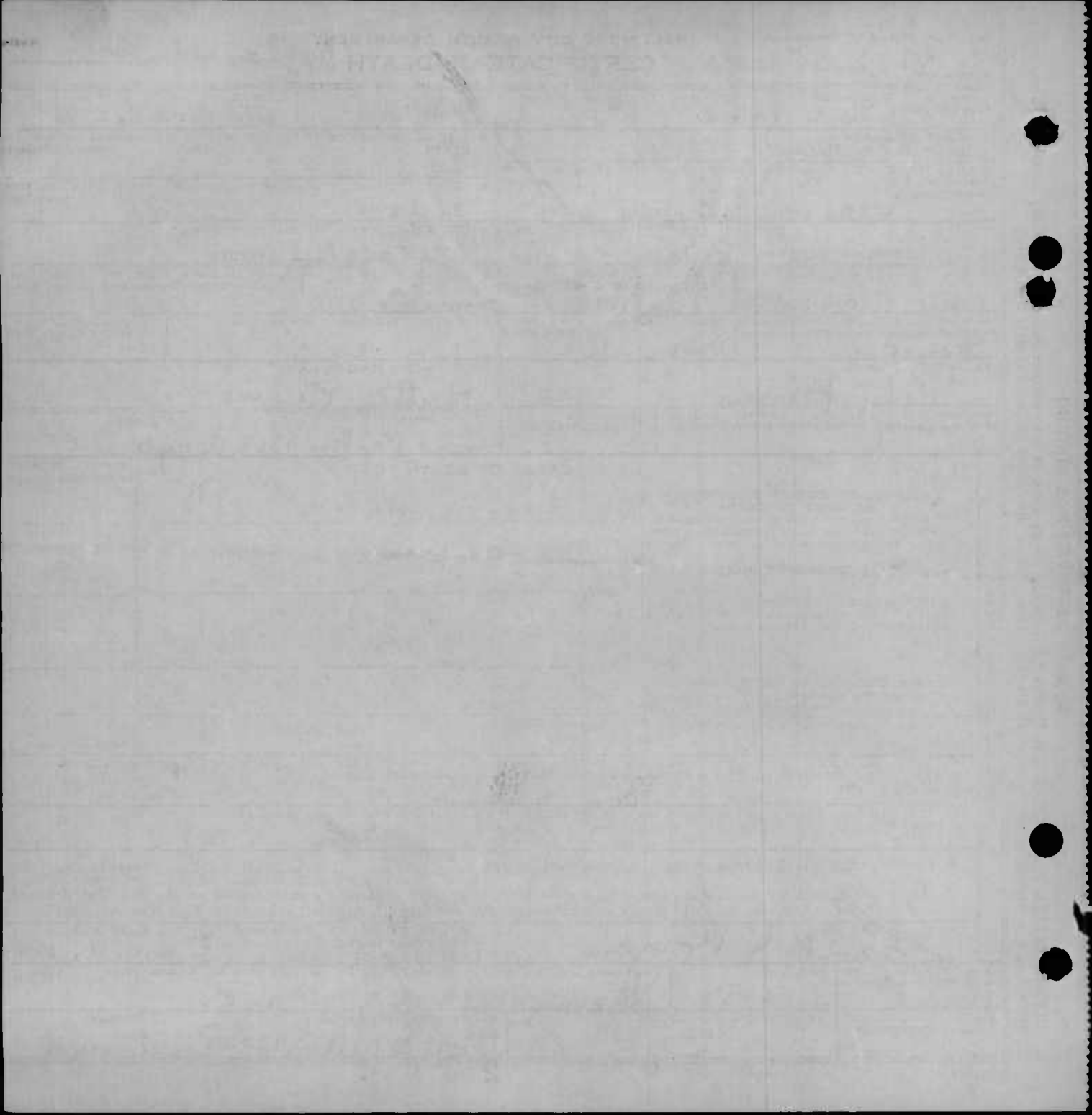
Registered No. 50 2382

BIRTH NO. 50 2382		1. NAME OF DECEASED (Type or Print) VIOLET PARKER (Eula)		2. DATE OF DEATH March 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2314 Druid Hill Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03			
C. Length of stay in Baltimore 8 years		D. STREET ADDRESS (If rural, give location) 2314 Druid Hill Avenue			
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH march 1918	9. AGE (In years last birthday) 32	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Days work		11. BIRTHPLACE (State or foreign country) n. e.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Will Parker		14. MOTHER'S MAIDEN NAME Hatter Perkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mary Parker 1309 Argyle ave	
18. 322.1 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic alcoholism DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Eula H. Boye		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED March 10, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-16-50		24C. NAME OF CEMETERY OR CREMATORY Deensville n. e.	
24D. LOCATION (City, town, or county) (State) n. e.		24E. FUNERAL DIRECTOR George S. Nelson 1303 Preston st		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1950		REGISTRAR'S SIGNATURE		VS 131	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

77087 2 3 8 7 77D



T-512

50 2383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2383

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ford Thompson

2. DATE
OF
DEATH

March 13 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1317 Madison Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

2021 Wheeler Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 1, 1870

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Armour & Co

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Thompson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred Murphy 2021 Wheeler Ave

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 23, 1950, to March 13, 1950, that I last saw the
deceased alive on Mar 12, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Douglas Sheppard

M. O.

23B. ADDRESS

604 Y. Fulton Ave

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn A.A.Co.Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

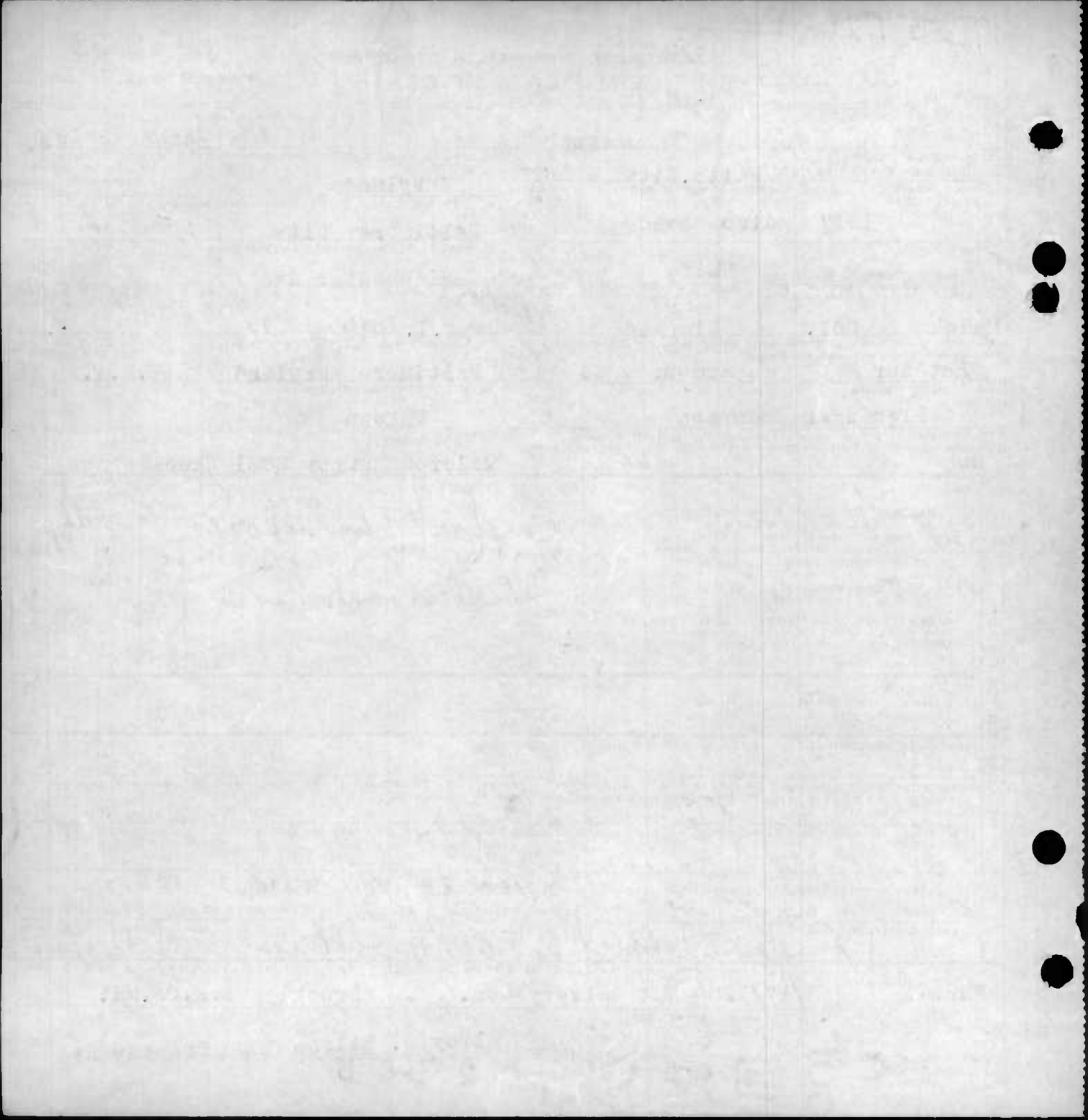
MAR 15 1950

Huntington Williams

2385

83a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2384
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie Eleanor Waller

2. DATE
OF
DEATH

14 March 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2823 Hemlock Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-06

D. STREET ADDRESS (If rural, give location)

2823 Hemlock Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

fmale

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 21, 1865

9. AGE (in years,
last birthday)

84

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Dashiell

14. MOTHER'S MAIDEN NAME

Sally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. L. Waller, 2716 Inglewood Ave.

18.

332 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Heart Failure

30 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral Thrombosis

2 days

DUE TO

II

(C)

Anterior disease

15 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to 14 March, 1950, that I last saw the deceased alive on 14 March, 1950, and that death occurred at 12 M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Bohme

M. D.

23B. ADDRESS

5402 Harford Rd

23C. DATE SIGNED

14 March 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

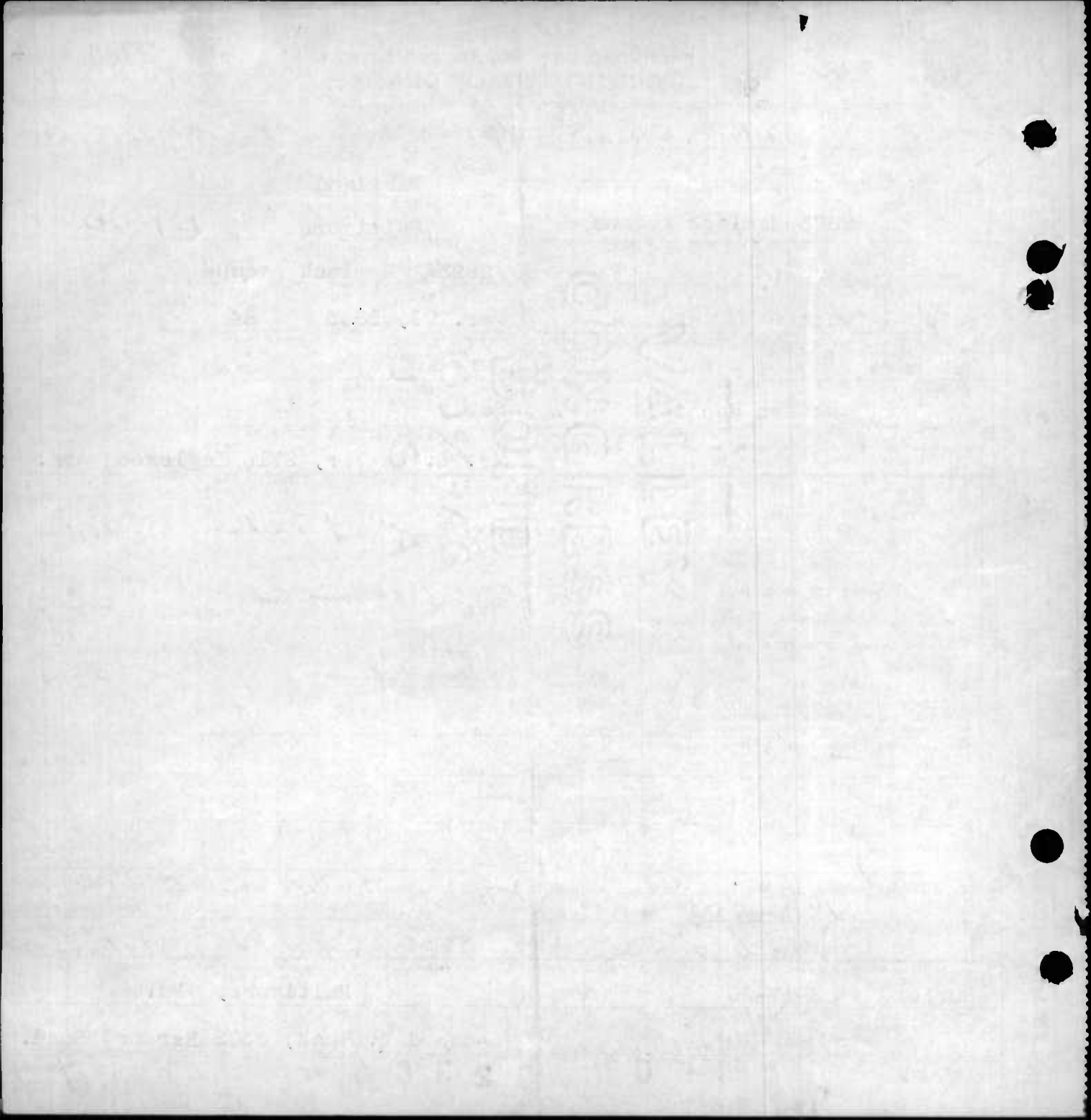
ADDRESS

Leonard J. Ruck, 5305 Harford Road.

MAR 15 1950

7 9 5 0 0 0 2 3 8 6

832



H-200
50 2385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2385
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar A. House

2. DATE
OF
DEATH

3/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 UNIVERSITY Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Parkville

D. STREET ADDRESS (If rural, give location)

2925 Kiss Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 27-1904

9. AGE (In years last birthday)

45

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tool Cutter Grinder

10B. KIND OF BUSINESS OR INDUSTRY

MALTING

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank House

14. MOTHER'S MAIDEN NAME

Elizabeth Frostburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie House - 2925 Kiss

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hemorrhage, into

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Glioma
Glioma - multiforme

3 months

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 3/11, 1950, to 3/12, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 10⁴⁵ a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles T. Henderson

M.D.

University Hospital

3/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

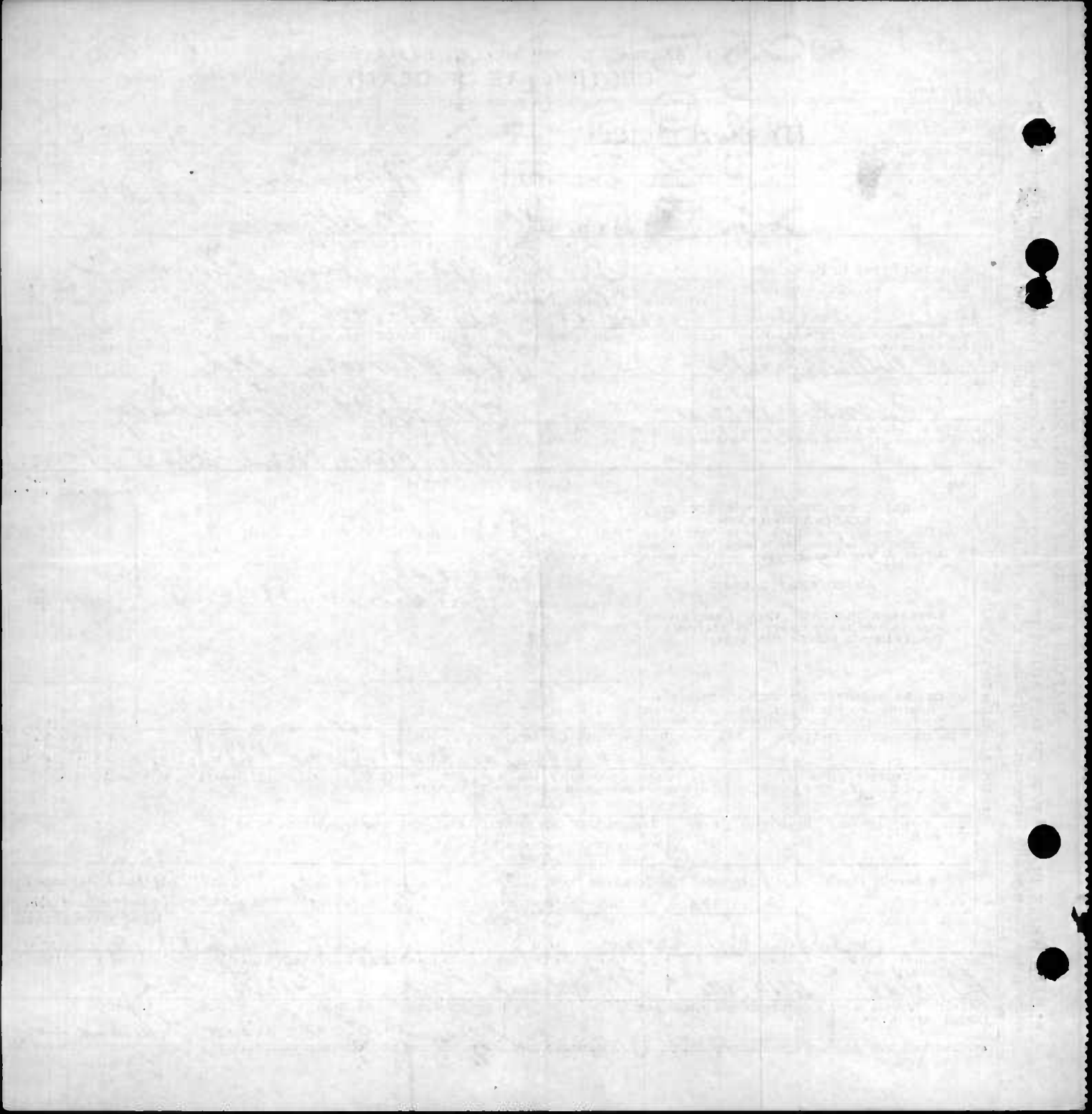
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



S-452

Dr. Grott

50

2386

BALTIMORE CITY HEALTH DEPARTMENT

50 2386

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Schilling

2. DATE
OF
DEATH

Mar. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE, (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3100 Clearview Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3100 Clearview Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 4, 1887

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Amil Peatow

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George Schilling, 3100 Clearview

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Central hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

arteriosclerotic CVD.

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1950, to March 14, 1950, that I last saw the
deceased alive on Mar. 13, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold A. Grott

23B. ADDRESS

M. D.

8100 Harford Rd.

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

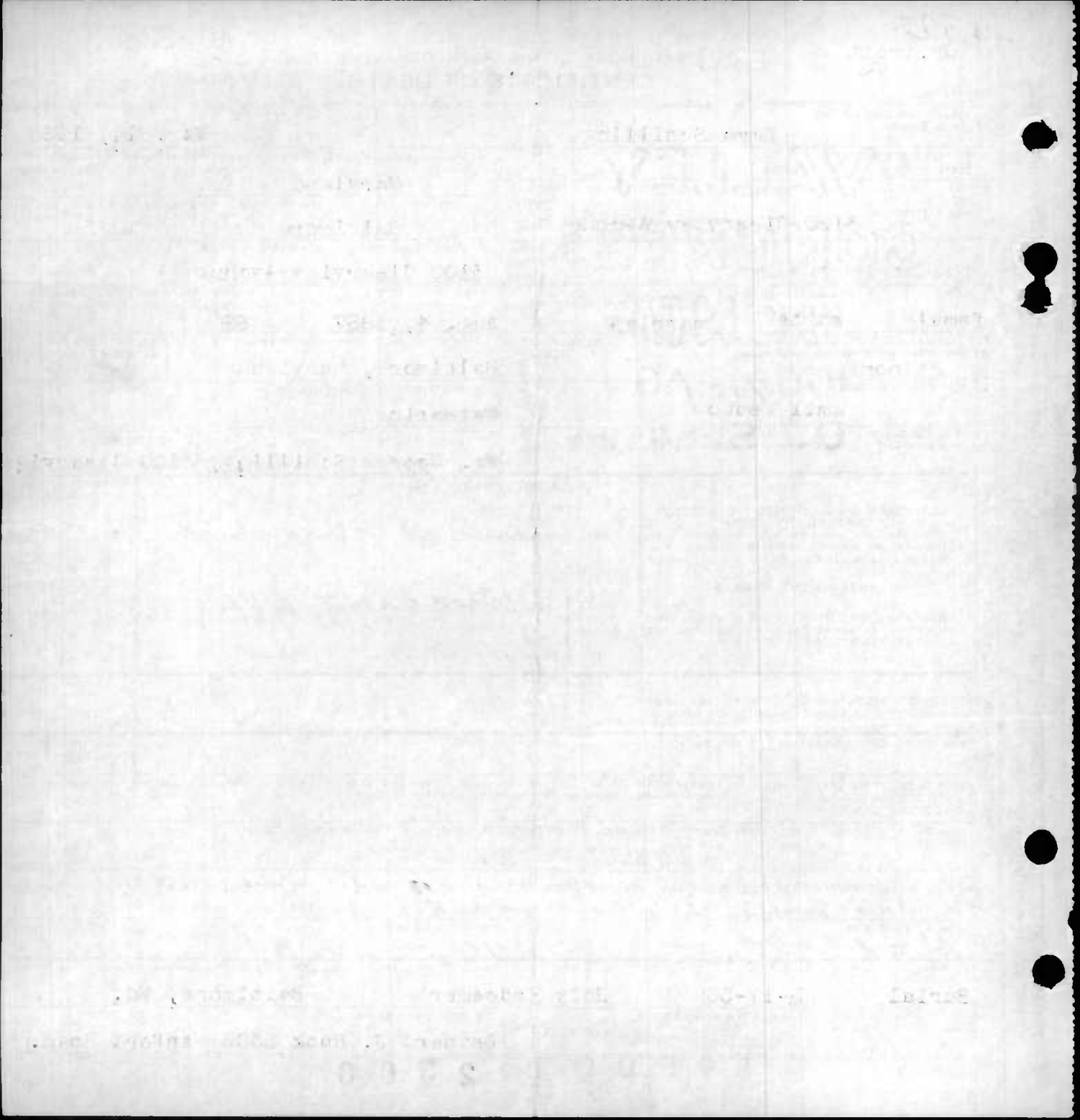
ADDRESS

Leonard J. Ruck 5305 Harford Road.

MAR VS 150

1-9500002388

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edouard Gueydan

2. DATE
OF
DEATH

3-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

D. STREET ADDRESS (If rural, give location)

3214 LAWNVIEW AVE

c. Length of stay in Baltimore

42

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb-22-1907

9. AGE (In years
last birthday)

43

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Police Officer

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO CITY

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH GUEYDAN

14. MOTHER'S MAIDEN NAME

Elise Vincent

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jeanette Gueydan-3214

18. 444X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ESSENTIAL HYPERTENSION

3 yrs(?)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 2-4-50, 1950, to 2-14, 1950, that I last saw the
deceased alive on 3-14, 1950, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

M. D.

23C. DATE SIGNED

3-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/18/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M. D.

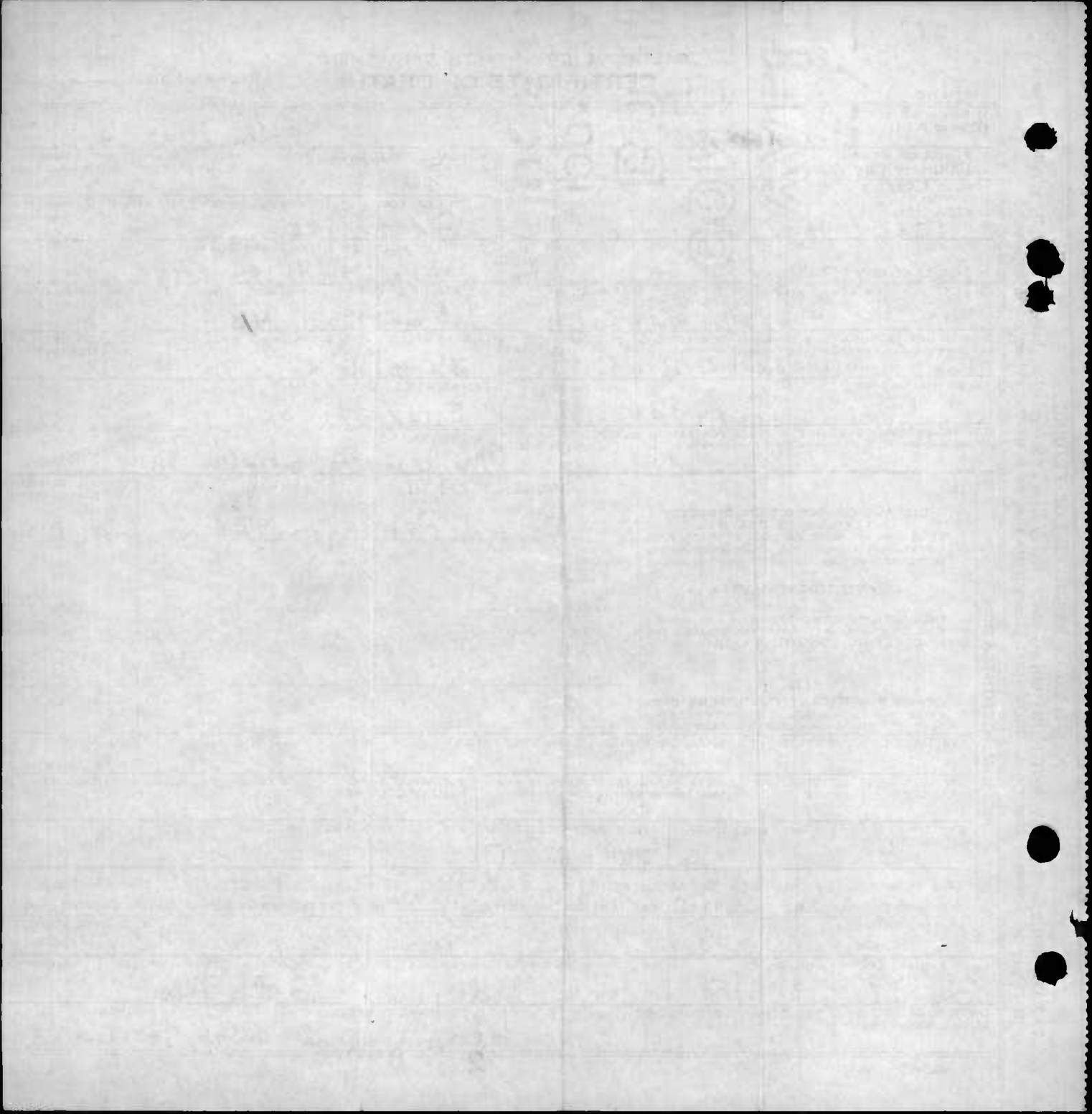
Leonard Ruck 5305 Harford Rd

VS 150

MAR 15 1950

60498

1020



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2388
Registered No.

BIRTH NO.

50 2388

1. NAME OF DECEASED
(Type or Print)

William Dougherty 531273

2. DATE
OF
DEATH

MAR 13 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pittsburg

D. STREET ADDRESS (If rural, give location)

2 California Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1891

9. AGE (In years last birthday)

3-9

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Coronary Thrombosis 4 days

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerotic Heart Disease 5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-1950 to 3-13-1950 that I last saw the deceased alive on 3-13-1950 and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Hartmann

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

L. J. Frank

ADDRESS

-5305 Stanford Rd

50 2389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Zerhusen

2. DATE
OF
DEATH Mar. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

623 Grantley Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

623 Grantley Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 26, 1862

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam Will

14. MOTHER'S MAIDEN NAME

Dorothea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Henry Zerhusen, 623 Grantley St.

18. 442 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

cardio-renal disease

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1950, to Mar 13, 1950, that I last saw the
deceased alive on Mar 13, 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-16-50

Holy Redeemer

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

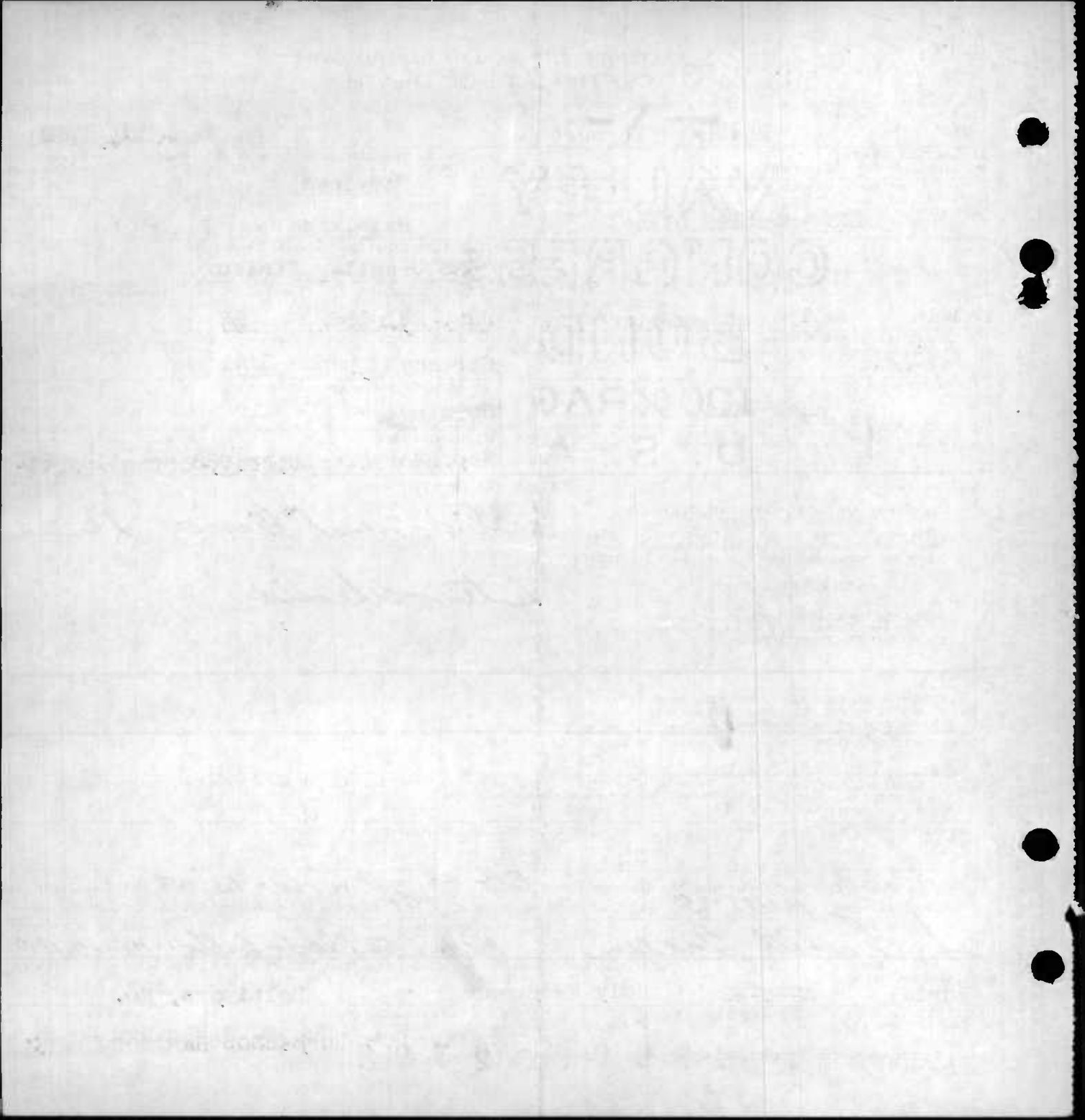
MAR 15 1950

Filing 5/10/50 2389

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 50 2390		Registered No. 50 2390	
1. NAME OF DECEASED (Type or Print) Emma Gibbs		2. DATE OF DEATH March 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 6-05	
D. STREET ADDRESS (If rural, give location) 16 E. Bond St		E. CITY OR TOWN (If outside corporate limits write RURAL and give township)	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 1, 1890
9. AGE (In years last birthday) 60		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mathias Price		14. MOTHER'S MAIDEN NAME Ida Hawkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		18. CAUSE OF DEATH	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intercurrent of myocardium	
DUE TO		(B) Arteriosclerosis of coronary arteries	
ANTECEDENT CAUSES		(C) CERTIFICATION APPROVED BY Dr. C. J. Lubinski	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION per Dr. C. J. Lubinski M.D. CHIEF OR ASST. MEDICAL EXAMINER	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from D.O.A., 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.	
23A. SIGNATURE Robert C. Austin M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3/16/1950		24C. NAME OF CEMETERY OR CREMATORY Mtcalvery Cem	
24D. LOCATION (City, town, or county) (State) Brooklyn A.A.Co.Md.		25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave	

MAR 15 1950 985 0 0 0 2 3 9 2 Medical Examiner - to approve Certificates 94a

CERTIFICATE OF DEATH

The doctor of my name
has examined the body of
the deceased and has found
no signs of life.

Attest: _____
Notary Public

R-550

50 2391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2391

Registered No.

BIRTH NO.

1. NAME OF DECEASED:

(Type or Print) MR. William J. RENEHAN

2. DATE
OF
DEATH

3-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

34 150N SECOURS HOSPT.

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

20-07

D. STREET ADDRESS (If rural, give location)

3626 OLD FREDERICK RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-4-99

9. AGE (In years,
last birthday)

53

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contract Supt. - Rust Engineering Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Elizabeth City Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. Renehan

14. MOTHER'S MAIDEN NAME

Anna Schenck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns)

Yes.

16. SOCIAL
SECURITY NO.

= W W I =

17. INFORMANT

419-01-7700

18. CAUSE OF DEATH

Edna E. Renehan - Same

ADDRESS

INTERVAL BETWEEN
ONSET AND DEATH

18. 332X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL THROMBOSIS

DUE TO

3-8-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) CIRRHOSIS OF LIVER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1950, to 3-13, 1950, that I last saw the
deceased alive on 3-13, 1950, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

D. L. Mohler

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

3/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/16/50

24C. NAME OF CEMETERY OR CREMATORY

Bethel National Bkts. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1950

156 V9

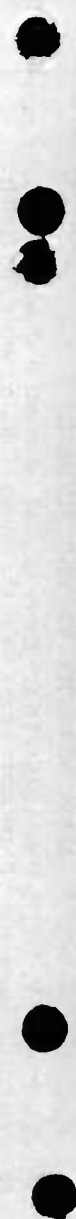
124 B 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1911
REPORT
OF THE
ATTORNEY GENERAL
IN RESPONSE TO
A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1909
RELATIVE TO THE
PROCEEDINGS OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN THE MATTER OF
THE ALLEGED
VIOLATION OF THE
LAND LAWS OF THE
STATE BY THE
NEW YORK AND
PUERTO RICO
LAND COMPANY



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50-2392

BIRTH NO. 50 2392

1. NAME OF DECEASED
(Type or Print) BABY BOY PRATT

2. DATE OF DEATH MARCH 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
A. STATE MARYLAND B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 19-04

C. Length of stay in Baltimore 9
Yes ☐ No ☐ Days

D. STREET ADDRESS (If rural, give location)
26 S FULTON AVENUE

5. SEX MALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH MARCH 5, 1950 9. AGE (In years last birthday) 0 10. Under 1 Year Months: 0 Days: 9 11. Under 24 Hours Hours: — Min: —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
INFANT

11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
JAMES EDWARD KNOX

14. MOTHER'S MAIDEN NAME
JOSEPHINE ELIZABETH PRATT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
MOTHER 26 S FULTON AVE, BALT

18. 7635 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

CAUSE OF DEATH

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Prematurity

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 3, 1950, to March 14, 1950, that I last saw the deceased alive on March 3, 1950, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1950

Mar. 16/50

Schwartz's Run

Balto. Md.

John G. Miller

2334 Jefferson St.

VS 150

159

159

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY
CONCRETE
DIVISION
100' APAC
S. 1/4

CERTIFICATE CORRECTED 3-24-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 2393

Registered No.

BIRTH NO.

50 2393

1. NAME OF DECEASED
(Type or Print)

Clifford Hazen

2. DATE
OF
DEATH

MAR 15 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Hadley, Pa.

D. STREET ADDRESS (If rural, give location)

R.D.2.

c. Length of stay in Baltimore

9 days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-23-12

9. AGE (In years last birthday)

37

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mercer Co., Pa.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Ira L. Hazen

14. MOTHER'S MAIDEN NAME

Emma Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

211-03-8112

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

Mrs. Grace Hazen, Hadley, Penna.

18.

463X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolus, Chronic

4 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thrombophlebitis, Rt. Leg

4 mos.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-6-1950, to 3-15-1950, that I last saw the deceased alive on 3-15-1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Hartman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/50

24C. NAME OF CEMETERY OR CREMATORY

Hadley

24D. LOCATION (City, town, or county)

Hadley Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

[Signature]

MAR 15 1950

109 5 0 8 0 0 2 3 5 5

100 B

CERTIFICATE OF DEATH

1914

1914

1914

1914

1914

R-300
50 2394BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2394

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard W. Reedy

2. DATE
OF
DEATH

Mar. 15-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4112 N. Belvedere Ave

USUAL RESIDENCE (Where deceased lived. If institution: residence

STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

44

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 6-1894

9. AGE (In years

last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Relief Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Master Md. Rwy.

13. FATHER'S NAME

Augustus Reedy

11. BIRTHPLACE (State or foreign country)

Broadway Va

12. CITIZEN OF
WHAT COUNTRY?

US

14. MOTHER'S MAIDEN NAME

Clara Mangrum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nellie Meyers - 4112 N. Belvedere Ave

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

3-15-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chn. Myocarditis

1944

(C) Diabetes

1944

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1950, to Mar 15, 1950, that I last saw the
deceased alive on Mar 15, 1950, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

M. O.

23B. ADDRESS

1663 W. North Av. 17

23C. DATE SIGNED

3-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

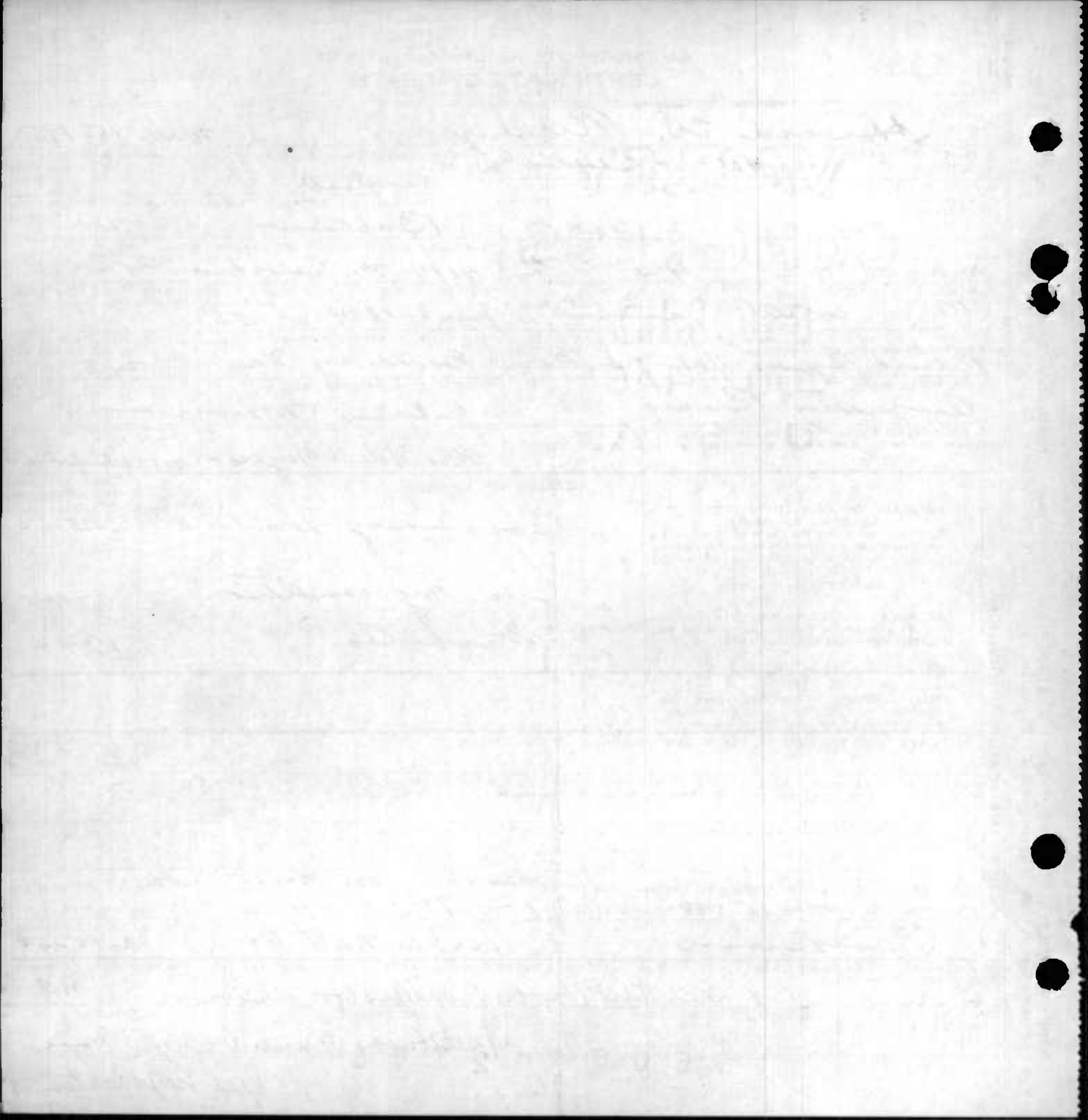
VS 150

322 47

61 Ralph W. Martin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2395

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES - LUEBBEN

2. DATE
OF
DEATH

3/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2305 ST. PAUL ST.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

ST. Paul Convalescent Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto. 26-04 B

D. STREET ADDRESS (If rural, give location)

910 Iris Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10/24/1885

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Holder

10B. KIND OF BUSINESS OR
INDUSTRY

Foundry

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Luebben

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Barry B. Kenley 910 Iris Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CORONARY OCCLUSION

6 Hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CORONARY ARTERY DISEASE

2 yr

(C) ...

SILICOSIS

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Mar 15, 1950, that I last saw the
deceased alive on Mar 15, 1950, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Lunny

M. D.

23B. ADDRESS

920 St Paul St

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Extended

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

1044 Oak St. 1217 St. Paul St.

MAR 16 1950

VS 150

33842397

94a

Request the doctor:-

Please indicate if the Silvers
was the underlying cause
or

contribution to the death, but
not related to the disease
causing it."

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 2396**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS D. HAMMERSLEY		2. DATE OF DEATH March 15, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1405 N. Washington Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 19th 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10B. KIND OF BUSINESS OR INDUSTRY City of Balto.	
13. FATHER'S NAME Geo. Hammerly		14. MOTHER'S MAIDEN NAME Katherine (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-01-4535	
17. INFORMANT Everly Ham		ADDRESS	

18. E812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of the chest.		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public - Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 40 near Martin Blvd., Balto. Co., Md.	
21D. TIME (Month) (Day) (Year) (Hour) March 15, 1950-3:08 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by tractor-trailor	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 15, 1950	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/50		24C. NAME OF CEMETERY OR CREMATORY Balto		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950		REGISTRAR'S SIGNATURE Winnington		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.		ADDRESS	

VS 151

N-862.2

68498 2396

170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

1911

1911

1911



1911

1911

1911

1911

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2397

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FLORENCE BRADSHAW

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

60 4703 Hampnett Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-04A

D. STREET ADDRESS (If rural, give location)

3812 Echodale Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 7, 1878

9. AGE (in years
last birthday)

71

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Brown

14. MOTHER'S MAIDEN NAME

Euphrosenia (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Austin L. Bradshaw, 3812 Echodale Ave.

18.

174X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of uterus

INTERVAL BETWEEN
ONSET AND DEATH

Years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948 to 3/14, 1950, that I last saw the
deceased alive on 3/14, 1950 and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Helen W. Gilbey

23B. ADDRESS

M. D. 5103 Hampnett Rd

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/18/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county)
(State)

Frederick, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

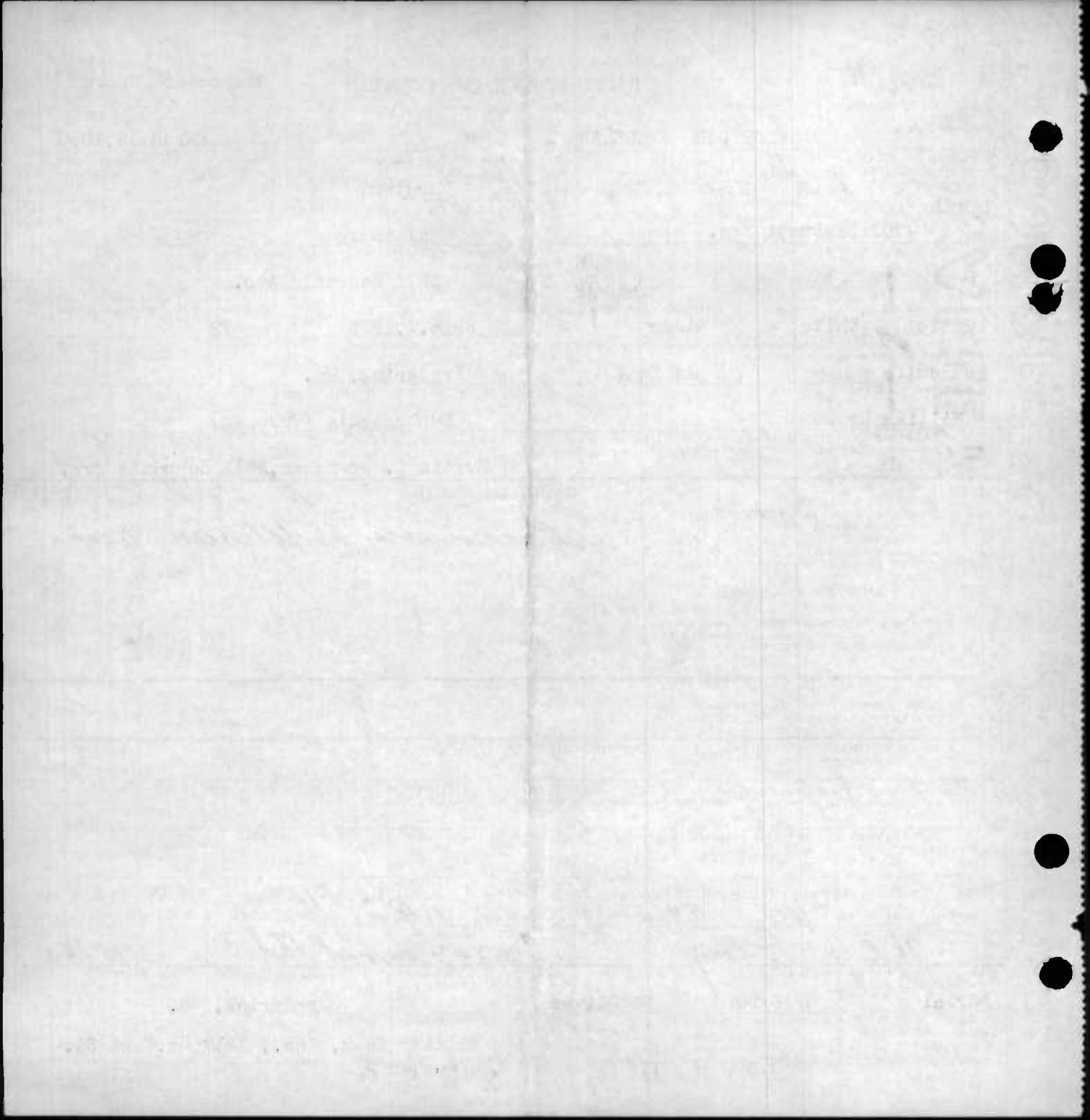
ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 150

1 0 5 0 0 0 0 2 3 0 0

48 B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2398
Registered No. _____

50 2398
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GERTRUDE M. STAHL			2. DATE OF DEATH MARCH-14-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 131 E WEST ST			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD 24-03		
D. STREET ADDRESS (If rural, give location) 131 E WEST ST			E. Length of stay in Baltimore 69 yrs.		
5. SEX FEM.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH OCT-15-1880		
9. AGE (In years last birthday) 69			10. Under 1 Year: Months: 4 Days: 38		
11. Under 24 Hours: _____			12. Under 24 Hours: _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) BALTIMORE MD			12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME CONRAD LINDUNG			14. MOTHER'S MAIDEN NAME ANNA MATTES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT MRS WM HILL			ADDRESS 131 E WEST ST		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage			CAUSE OF DEATH Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 month		
DUE TO (A) _____			DUE TO (B) Hypertension			DUE TO (C) Arteriosclerosis		
DUE TO (D) _____			DUE TO (E) Chronic Myocarditis			DUE TO (F) _____		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>								
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from Feb 1, 1950 , to March 14, 1950 , that I last saw the deceased alive on 3/14/1950 , and that death occurred at 8:15 a. m. , from the causes and on the date stated above.								
23A. SIGNATURE Sam Miller M.D.			23B. ADDRESS 1221 Pileade ST			23C. DATE SIGNED 3/15/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE 3-17-50			24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS		
24D. LOCATION (City, town, or county) (State) G. A. Co			25. FUNERAL DIRECTOR Bernard C. Harkle			ADDRESS 121 E WEST ST		

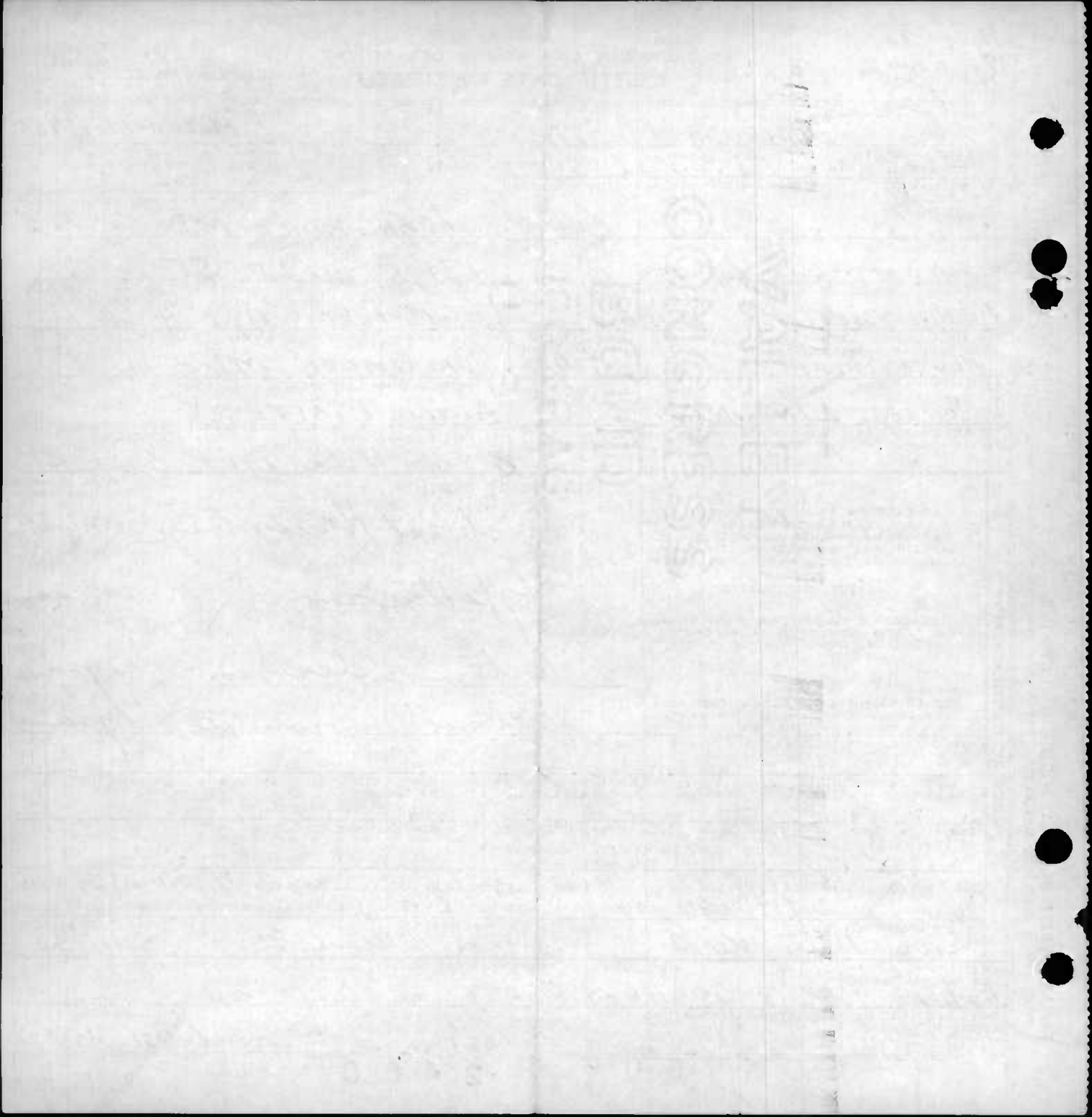
VS 150

0 9 5 0 0 0 0 2 4 0 0

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2399
Registered No.0-361
50 2399
BIRTH NO.

1. NAME OF DECEASED (Type or Print) AUGUST. A. OTTERBEIN			2. DATE OF DEATH MARCH 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 600 E FORT AVE			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD 24-02		
C. Length of stay in Baltimore 65 yrs			D. STREET ADDRESS (If rural, give location) 600 E FORT AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 30-1884		9. AGE (In years, last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10B. KIND OF BUSINESS OR INDUSTRY SELF (R)	11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME ADAM OTTERBEIN			14. MOTHER'S MAIDEN NAME MARIA SIMON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS AUGUSTA OTTERBEIN 600 E FORT AVE		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Sclerosis (A) _____ DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Arterio Sclerosis - Hypo-Carditis					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) -	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -			
22. I hereby certify that I attended the deceased from Jan 10 , 19 50 , to March 15 , 19 50 , that I last saw the deceased alive on March 14 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE John G. Scheurich		23B. ADDRESS 1337 S Charles St.		23C. DATE SIGNED 3/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-18-50	24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM.	24D. LOCATION (City, town, or county) (State) A. A. Co.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950	REGISTRAR'S SIGNATURE William M. ...	25 FUNERAL DIRECTOR Bernard C. ...		ADDRESS 121 E. West St.	
VS 150 109 505 300 XV 2401 93D					

71

1953-1954

1952 JAN 1 1952

142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HARRY JAFFE**2. DATE
OF
DEATH**March 15, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**5412 Jonquil Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5412 Jonquil Avenue

c. Length of stay in Baltimore

35 Yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

18949. AGE (In years,
last birthday)**56**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

Paper Hanger

11. BIRTHPLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?**USA.**

13. FATHER'S NAME

Henry Jaffe

14. MOTHER'S MAIDEN NAME

Dora ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-14-5282

17. INFORMANT

ADDRESS

Mrs. Minnie Jaffe- 5412 Jonquil Avenue18. **472.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 6 45 1948 to March 15, 1950** that I last saw the deceased alive on **March 15, 1950** and that death occurred at **11 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Leola Appelfeld

M. D.

23B. ADDRESS

2511 Reisterstown Rd

23C. DATE SIGNED

3/15/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery Rogers Ave

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Winifred Williams

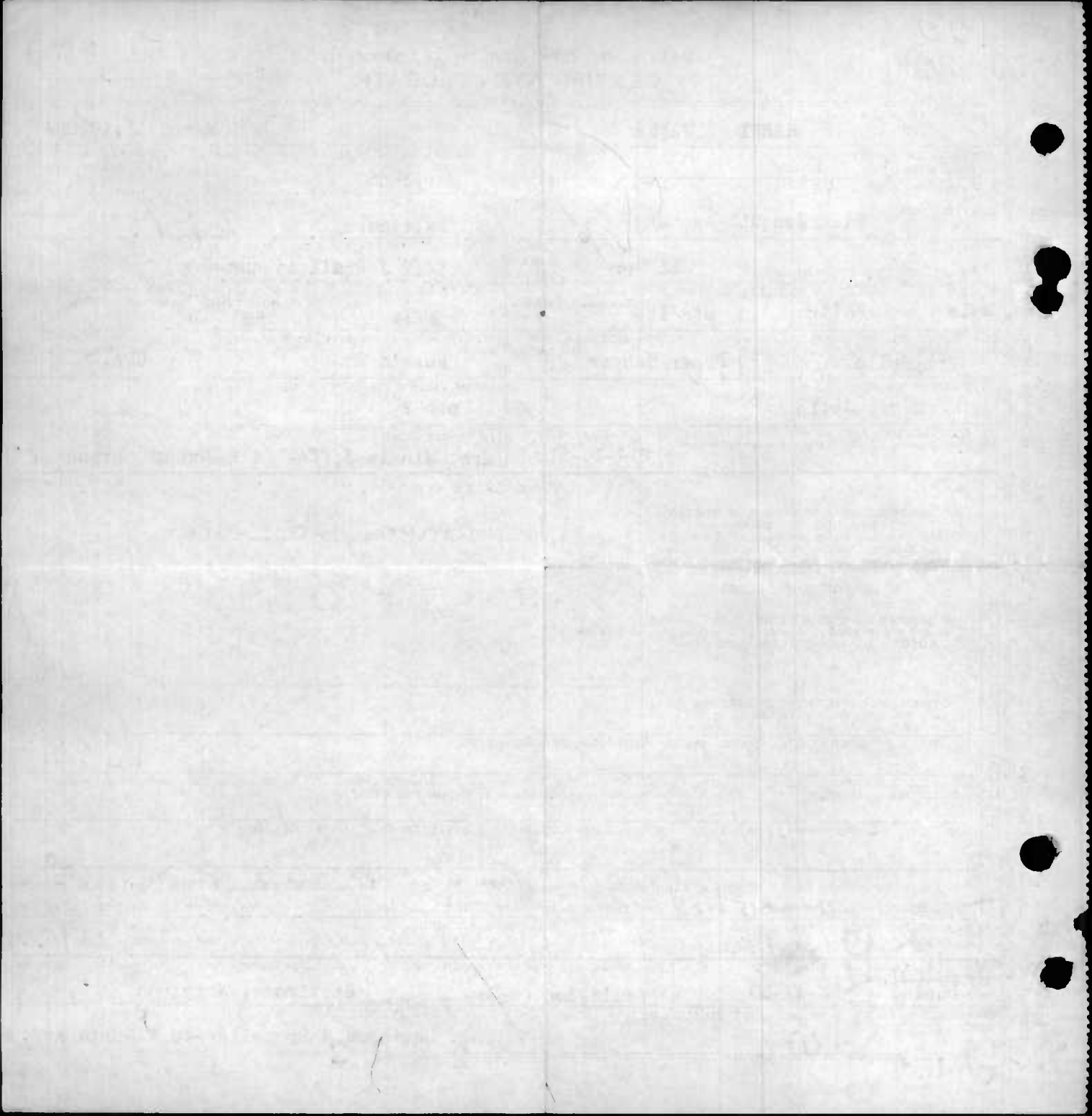
25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros-1124-26 W North Ave.**MAR 16 1950**

VS 150

156 V9**93D**



5-623
2401

50 2401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillian Serget

2. DATE
OF
DEATH

Mar-14-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1151 Ward St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

58 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

J. Seseashy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Nov 10. 1891 58

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Alphonius Serget 1151 Ward St

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Septic Bacteremia

INTERVAL BETWEEN
ONSET AND DEATH

12-15 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOCarcinoma of Gall Bladder
with metastases

7 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Gall Bladder - inoperable

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1949, to March 14, 1950, that I last saw the
deceased alive on March 13, 1950, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. O. Ouzle

23B. ADDRESS

642 Ark. Dlt

23C. DATE SIGNED

3-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar-17-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Joseph Kasenkoski

ADDRESS

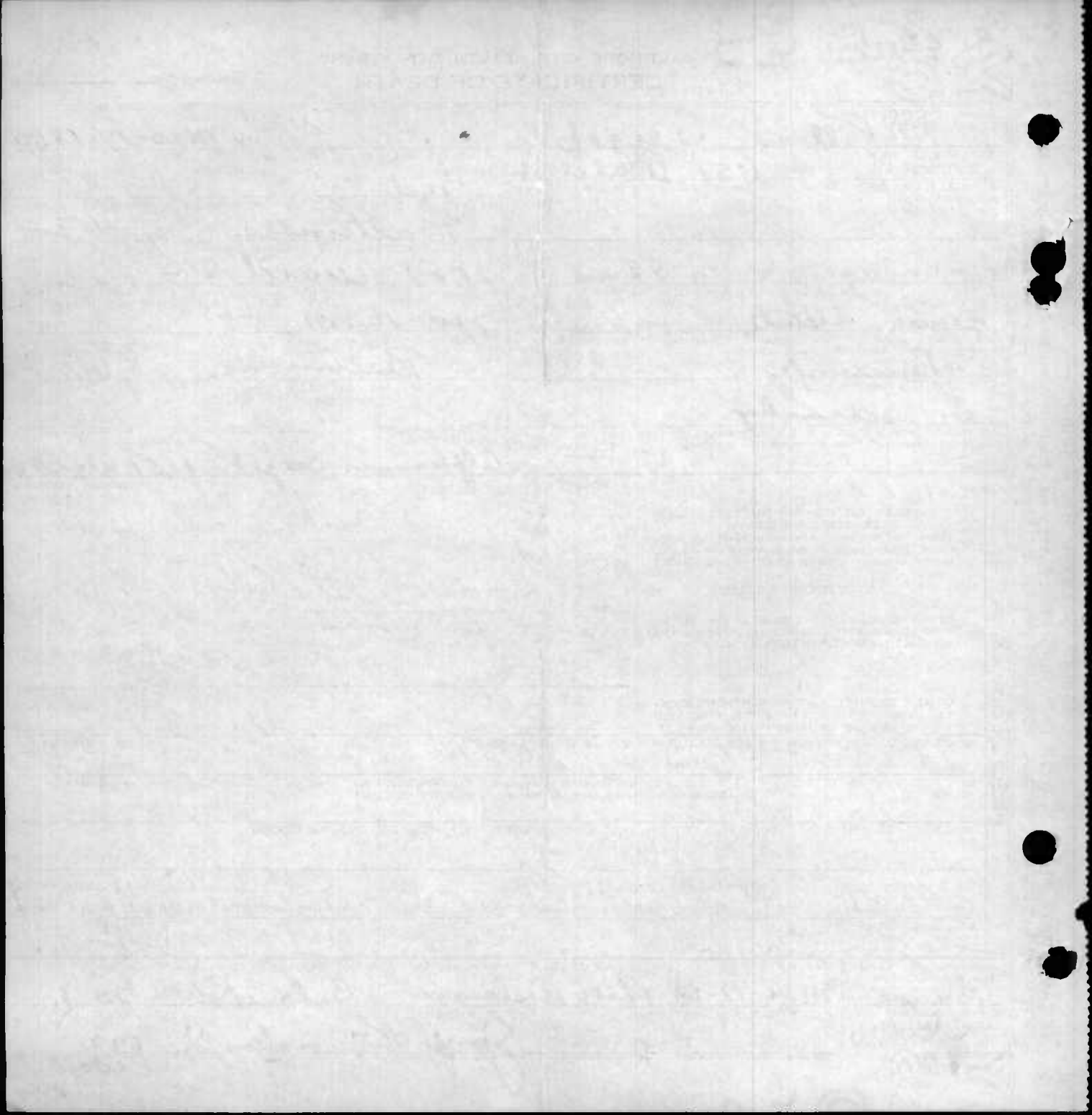
402

VS 150

46F Wash.
Blk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

50 2402

1. NAME OF DECEASED (Type or Print) Barbara Lorraine Hawkins			2. DATE OF DEATH 3-14-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1806 Walbrook Ave.		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 14, 1939	9. AGE (in years last birthday) 10	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elmer			14. MOTHER'S MAIDEN NAME Mary Mereer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records--B.C.H.--4940 Eastern Ave.		

18. 401.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Rheumatic Heart Disease, active DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-18-50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-7- 1950 to 3-14- 1950 , that I last saw the deceased alive on 3-14- 1950 , and that death occurred at 2:40P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS B.C.H.--4940 Eastern Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-18-50	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR (Mrs) Frances A. Hemsley		ADDRESS 578 W. Biddle St.	

VS 150

587

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-2402 - 5/4/50.

P-626
50 2403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hester Parker

2. DATE
OF
DEATH

March 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

915 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 1, 1886

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Franklin Johnson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ida Edge 915 Edmondson Ave.

18. 446 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Nephritis

DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis & Senile Paraplegia

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from June, 1948 to March 12, 1950, that I last saw the
deceased alive on March 12, 1950, and that death occurred at 68 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. J. Julian Jr.

M. D.

23B. ADDRESS

511 N. Bethesda Rd.

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-16-50

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

(Mrs) Frances A. Hemsley

ADDRESS

578 W. Biddle St.

VS 150

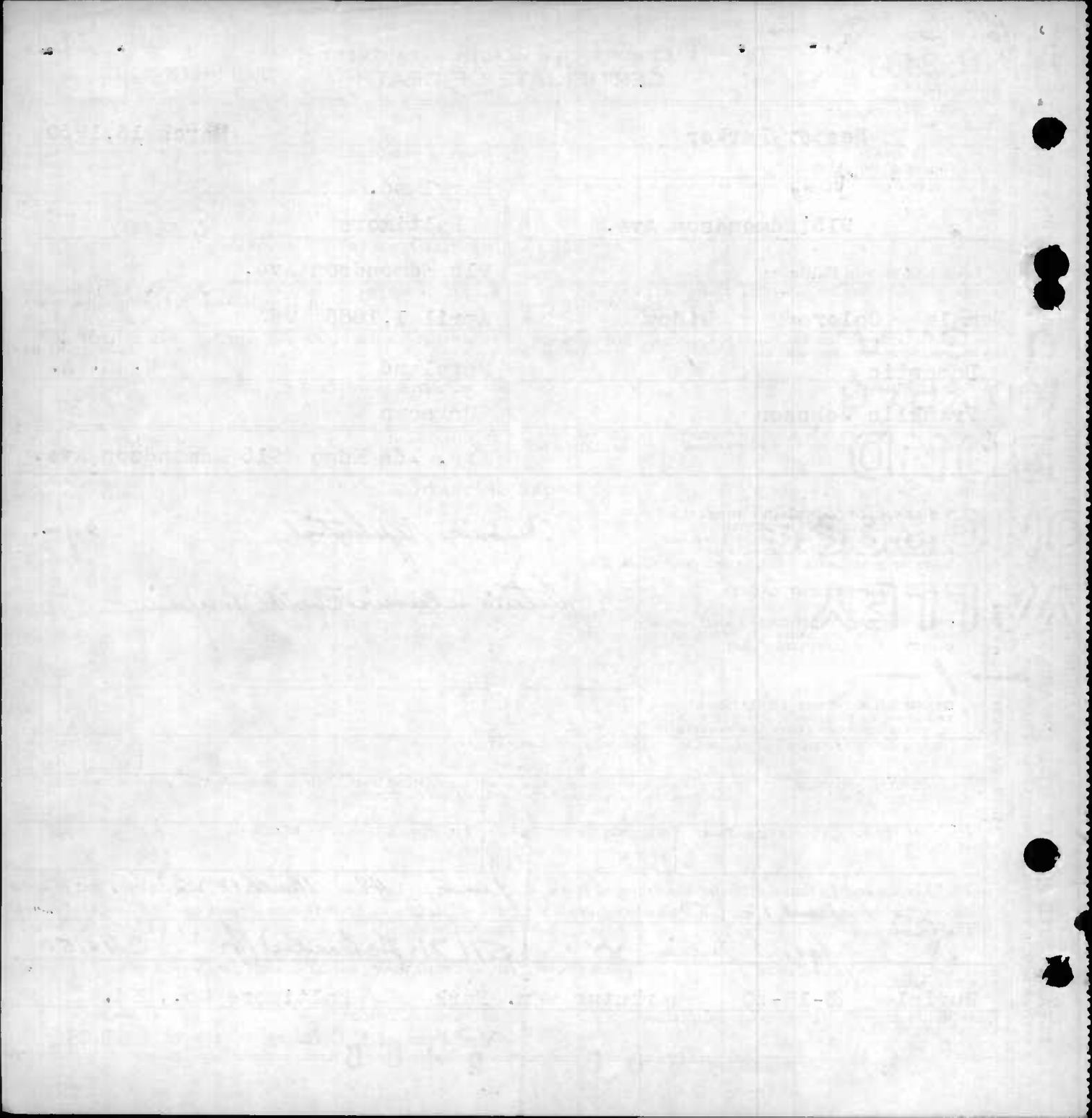
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77087

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



J-30 216 2401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2404

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JULIA JASPER

2. DATE

OF

DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

941 Park Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Gordon

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eugene Jackson 941 Park Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

March 14, 1950

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1950

(Mrs) Frances A. Hemsley

578 W. Biddle St

VS 151

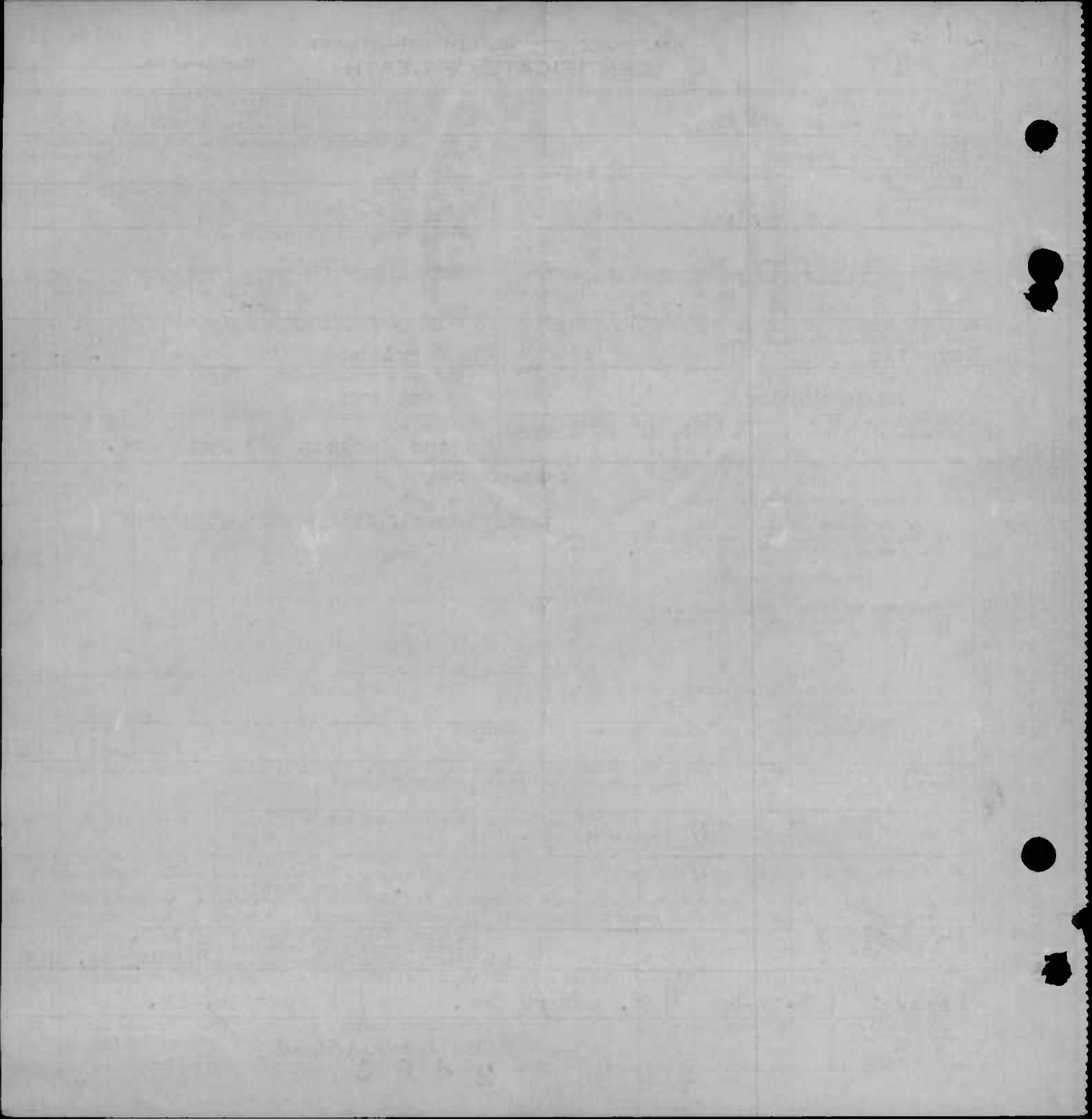
2406

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2405
Registered No. _____

BIRTH NO. *52405*

1. NAME OF DECEASED (Type or Print) <i>ELOISE (Peoples) SMITH</i>		2. DATE OF DEATH <i>March 12, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>14-02</i>	
c. Length of stay in Baltimore <i>2 Yrs. Mos. Days</i>		D. STREET ADDRESS (If rural, give location) <i>1527 McCulloh Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>Nov. 30, 1916</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private</i>	9. AGE (in years last birthday) <i>33</i>
13. FATHER'S NAME <i>Neal Woodard</i>		11. BIRTHPLACE (State or foreign country) <i>S.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>none</i>		14. MOTHER'S MAIDEN NAME <i>Mattie Stanley</i>	
17. INFORMANT <i>John Welbourne</i>		ADDRESS <i>McCulloh</i>	

18. <i>E 9160</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <i>Third degree burns of right leg</i> DUE TO
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	<i>Septicemia</i> DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

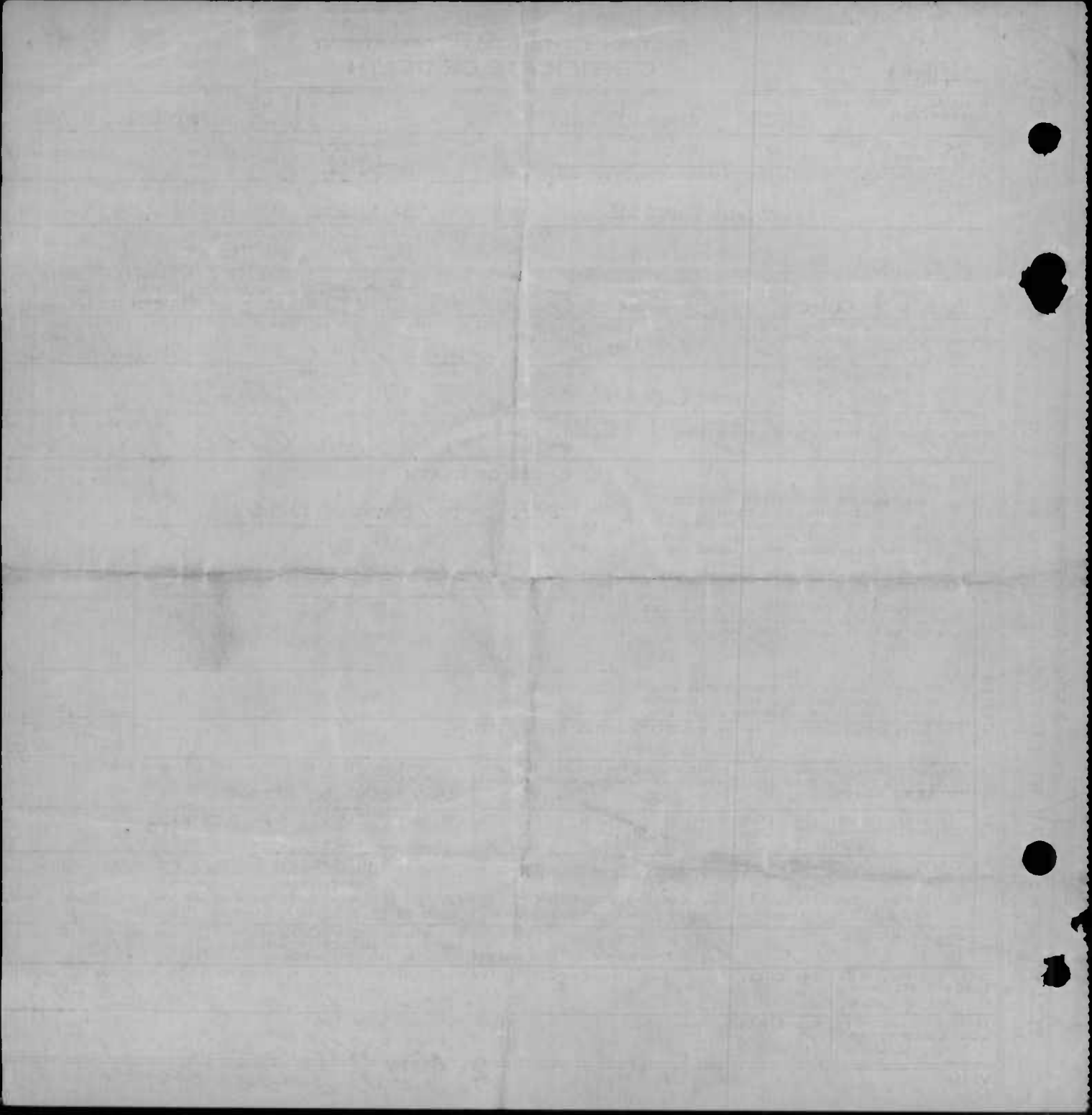
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1527 McCulloh Street</i> <i>14/2</i>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>March 1, 1950</i> m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>threw kerosene on wood fire. Clothes ignited.</i>		
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Prof. J. L. Linn</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> M.D. <i>3/13/50</i>		
24A. BURIAL, CREMATION OR REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/18/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Ador Hill ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1950</i>	REGISTRAR'S SIGNATURE <i>W. J. Halstead</i>	25. FUNERAL DIRECTOR <i>W. J. Halstead - 918</i>		

VS 151

N-945-52086-2405-181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



SNYDERMAN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2406

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Anna Snyderman*2. DATE
OF
DEATH*3-15-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Maryland*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2044 Orleans Street

c. Length of stay in Baltimore

*35*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

2-9-96

9. AGE (In years last birthday)

*54*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

*Not Known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Morris Snyderman 2044 Orleans St*18. *416X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Congestive Heart Failure*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Rheumatic Heart Disease*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-7*, 1950, to *3-15*, 1950, that I last saw the deceased alive on *3-15*, 1950, and that death occurred at *6 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Fleet

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

*3/15/50*24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

3-16-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY, REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

MAR 16 1950

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eastern Pl

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2407
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Mamie Smith*

2. DATE OF DEATH *3-11-1950*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *1210 Short Court*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY *501*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *00*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore *Life*

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1210 Short Ct

5. SEX *Female*

6. COLOR OR RACE *colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH *Aug 1908*

9. AGE (In years last birthday) *41*

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)
Baltimore City

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
William Joyce

14. MOTHER'S MAIDEN NAME
Josephine Joyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT
William Joyce

ADDRESS
1210 Short Ct

18. *410X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral hemorrhage*

Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arteriosclerosis*

DUE TO

(C) *myocardial insufficiency*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 25, 1950*, to *3-11, 1950* that I last saw the deceased alive on *3-10, 1950*, and that death occurred at *8 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE
J. Edward Fisher

23B. ADDRESS
1612 E Monument St

23C. DATE SIGNED
3-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
Mar 16-1950

24C. NAME OF CEMETERY OR CREMATORY
Not Calvary Cem. C.C. Co. Md

24D. LOCATION (City, town, or county) (State)
Baltimore City, Md

DATE RECEIVED BY LOCAL REGISTRAR
MAR 16 1950

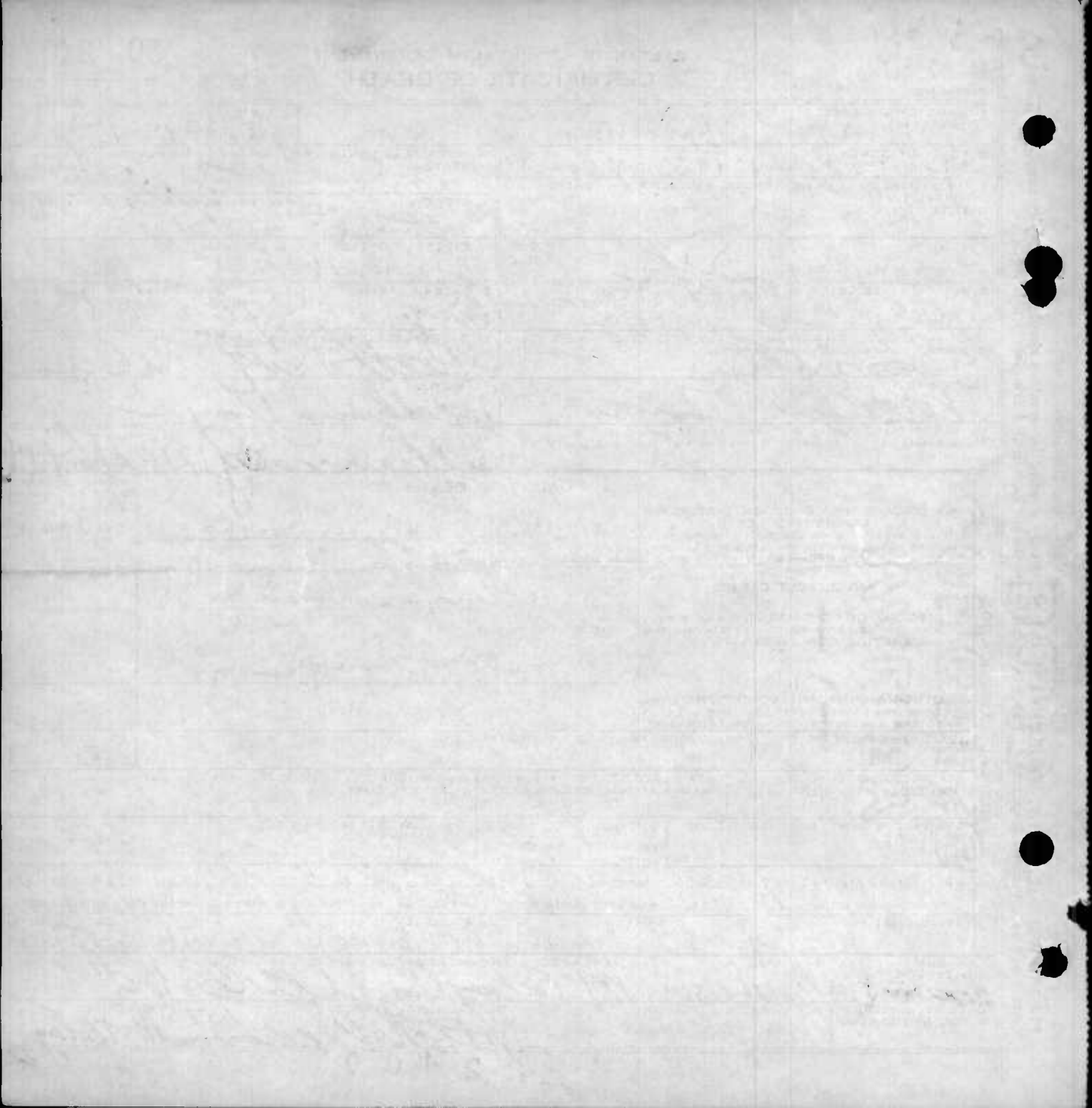
REGISTRAR'S SIGNATURE
William Joyce

25. FUNERAL DIRECTOR
William Joyce

ADDRESS
1575

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-252
50 2408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2408

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Washington		March 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1418 E. Monument St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1887 62	9. AGE (In years last birthday) 62	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 210-10-6305		17. INFORMANT ADDRESS Marie Bailey 1418 E. Monument St.	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hypertensive Cardio-vascular disease ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE H. J. Mc Clafferty		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 10, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/50		24C. NAME OF CEMETERY OR CREMATORY Mt Zion	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Charles H. Rice		24F. ADDRESS 6610 Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS	

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90651 410

93D

DEPARTMENT OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2409
Registered No. _____

BIRTH NO. 50 2409

1. NAME OF DECEASED (Type or Print) <i>Janet Rankin Moore</i>		2. DATE OF DEATH <i>3-14-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1633 Argonne Drive</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1633 Argonne Drive</i>	
5. SEX <i>♀</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Dec. 3, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>74</i>
13. FATHER'S NAME <i>Robert Rankin</i>		11. BIRTHPLACE (State or foreign country) <i>Scotland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Mary Frame</i>	
17. INFORMANT <i>Mrs. Clyde Friz</i>		ADDRESS <i>1633 Argonne Drive</i>	

18. <i>4221 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Arteriosclerotic Cardio-Vascular disease</i> DUE TO _____ (B) _____ DUE TO _____ (C) _____
--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <i>Chupation</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William L. Beluch</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED <i>3-14-50</i>

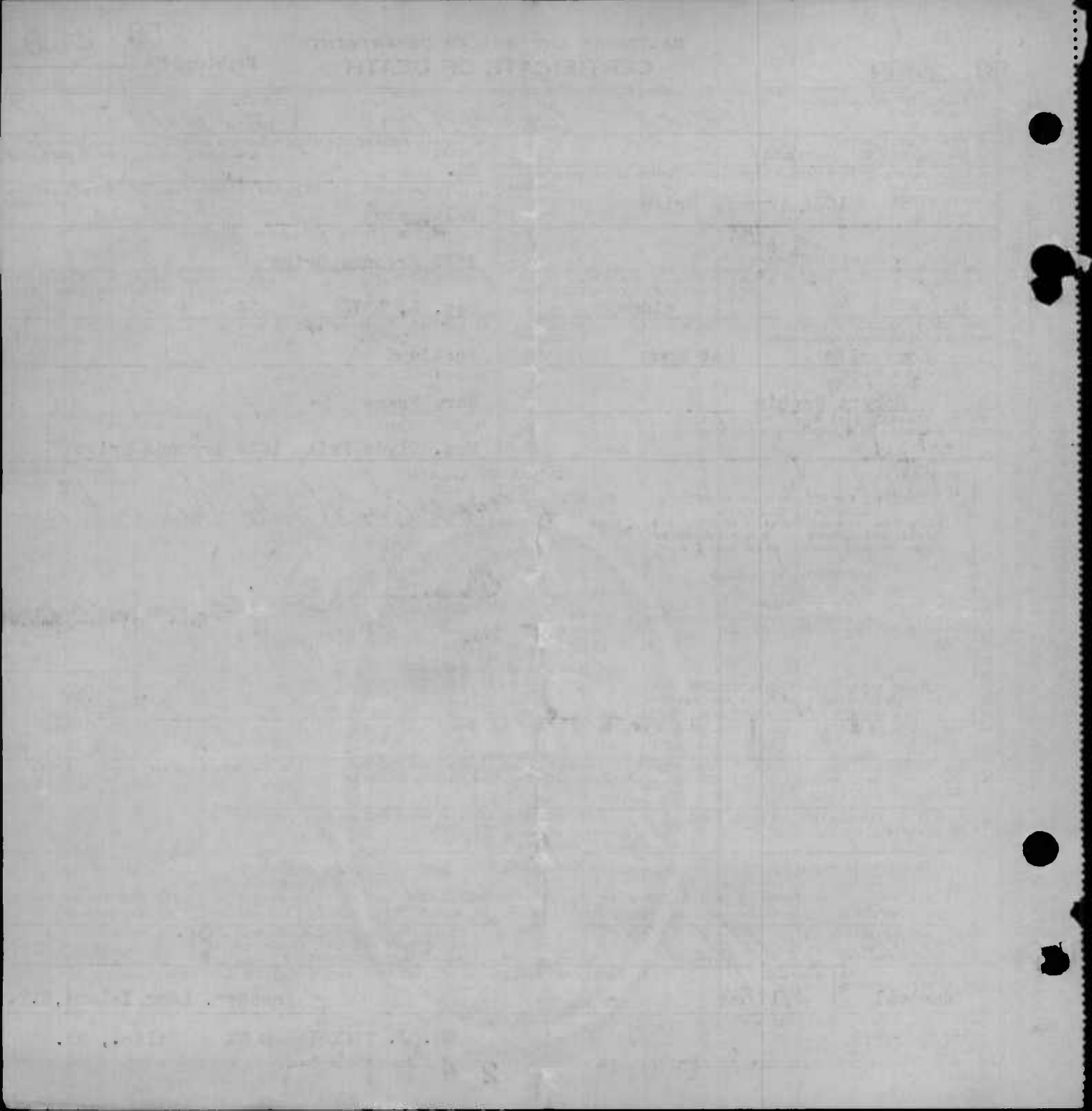
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>3/17/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>-</i>	24D. LOCATION (City, town, or county) (State) <i>Aquebog, Long Island, N.Y.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1950</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Tickner & Sons</i>	25. FUNERAL DIRECTOR <i>WM. J. TICKNER & SONS</i>	
		ADDRESS <i>Balto., Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100 5 0 0 2 4 1 1

93D ✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2410

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GIBBONS, HARRIET

2. DATE
OF
DEATH

3-15-50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

28 University Hosp.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

24

10. Under 1 Year
Months: Days:11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HW

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Hoffman

14. MOTHER'S MAIDEN NAME

Ethel Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mellard Gibbons R.F.D. #4

18. 456 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pericarditis = Effusion
DUE TO Pan-Carditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pan-Serousitis
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Dissem. Lupus Eryth.?
Pulm. Congestion

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-50, 1950, to 3-15-50, 1950, that I last saw the
deceased alive on 3-15-50, 1950 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

W. A. Hoffman

M. D.

23b. ADDRESS

Univ. Hosp.

23c. DATE SIGNED

3/16/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24b. DATE

3/16/1950

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24d. LOCATION (City, town, or county)

Frederick, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1950

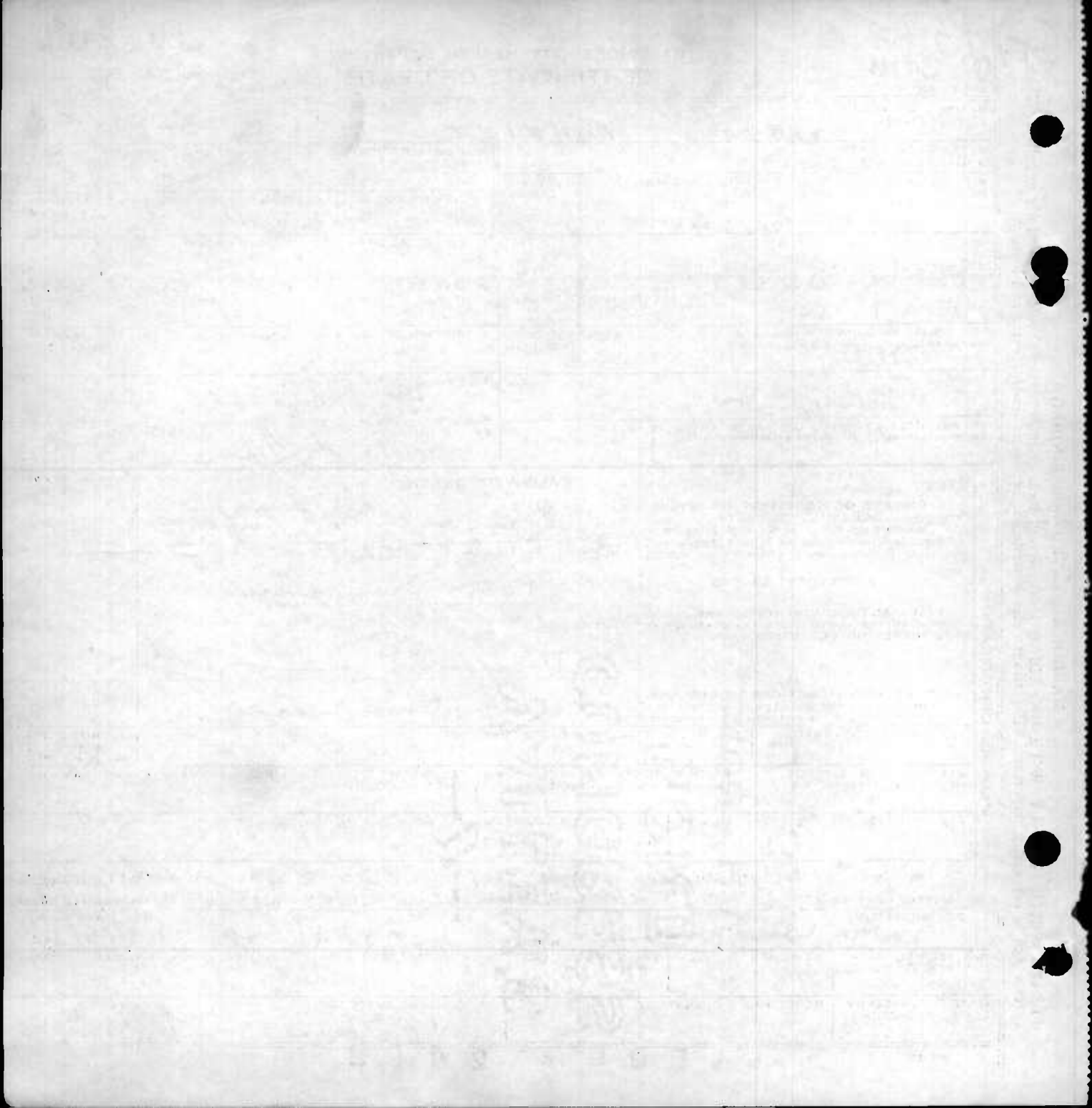
REGISTRAR'S SIGNATURE

W. A. Hoffman

25. FUNERAL DIRECTOR

M. R. Elchison & Son, Frederick, Md.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2411

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Booker

2. DATE
OF
DEATH

Mar. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

106 S. Carrollton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

106 S. Carrollton Ave.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 8, 1879

9. AGE (In years last birthday)

70

10. Under 1 Year 11. Under 1 Year 12. Under 24 Hours

Months Days Hours Min.

6

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sea Food Clerk

10B. KIND OF BUSINESS OR INDUSTRY

SEA FOOD INDUSTRY
Jacobs & Sons

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Booker

14. MOTHER'S MAIDEN NAME

Caroline Stump

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
214-03-5551

17. INFORMANT

ADDRESS

Margaret Kircher 2772 W. North Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Cardio-vascular disease

?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, 19 to Mar 14, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Glassman

M. D.

23B. ADDRESS

2687 Wisconsin Ave

23C. DATE SIGNED

Mar 16-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Fred. A. Cole 1913 W. Balto. St.

MAR 16 1950

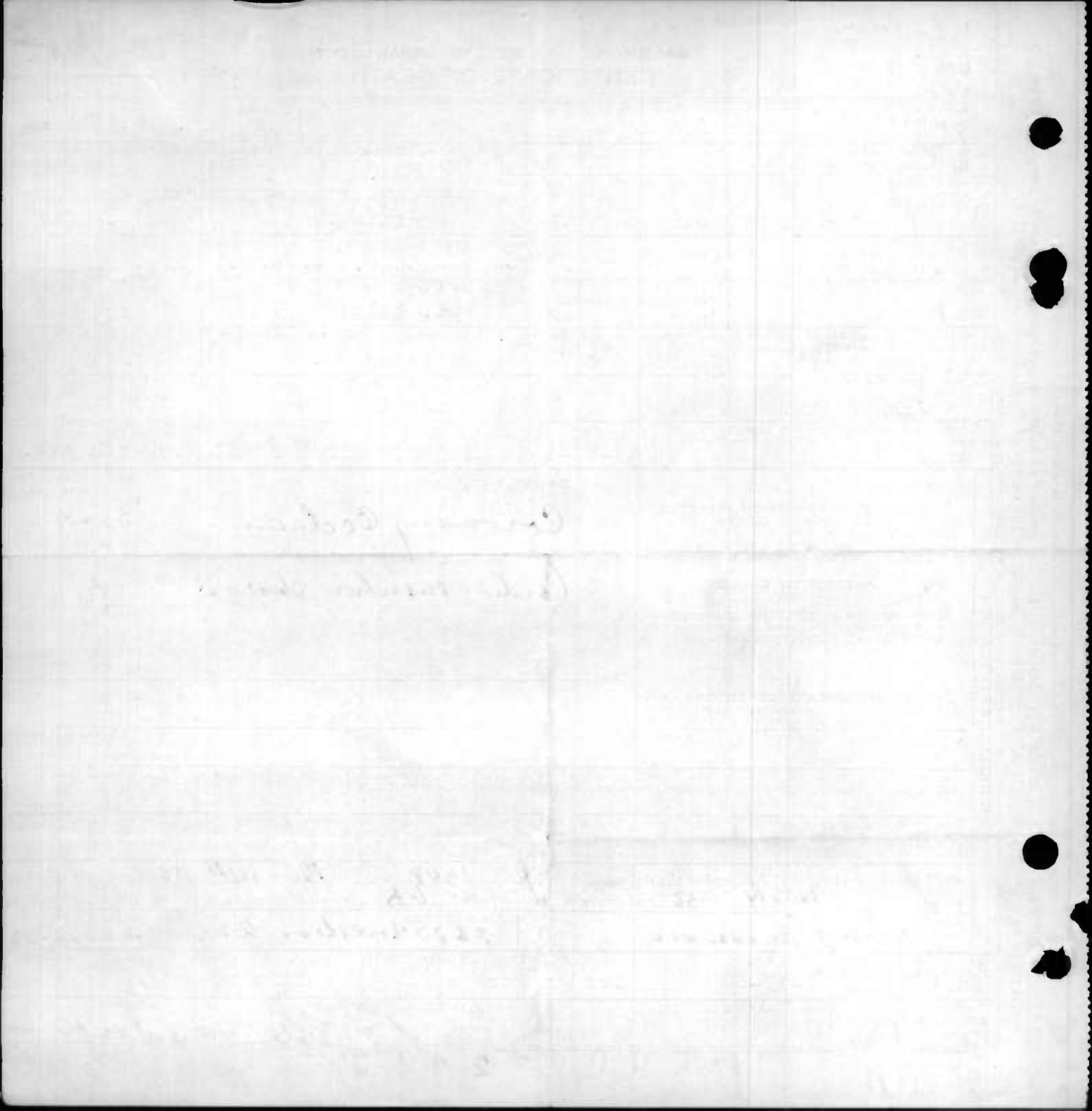
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937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 2412

BIRTH NO. 50 2412

1. NAME OF DECEASED (Type or Print) HUGO VIDISTAND (Vidstrand)			2. DATE OF DEATH March 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02		
c. Length of stay in Baltimore 20 yrs.			D. STREET ADDRESS (If rural, give location) 212 S. Ann Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 9-1886	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10B. KIND OF BUSINESS OR INDUSTRY Const.		
11. BIRTHPLACE (State or foreign country) Sweden			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Aaron Vidstrand			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Arne Vidstrand			ADDRESS 16130 Little Rd.		

18. 322-1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Methyl alcohol poisoning DUE TO chronic alcoholism			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unknown		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unknown	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 11, 1950 ?		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingestion of wood alcohol	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE W. J. Mrs Clafferty		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 15, 1950	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/16/50		24C. NAME OF CEMETERY OR CREMATORY Silvert Mourns. Broom		24D. LOCATION (City, town, or county) (State) New York	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950		REGISTRAR'S SIGNATURE John J. Connelly		25. FUNERAL DIRECTOR Essex, N.Y.		ADDRESS 77D	

CERTIFICATE OF DEATH

1912

1

1912

1912

1912

1912

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1912



1912

1912

1912

1912

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50 2413

50 2413

1. NAME OF DECEASED
(Type or Print)

Anna Kortises

2. DATE
OF
DEATH

3/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

40

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

3908 Glen Hunt Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

Greece

13. FATHER'S NAME

?

(dec'd)

14. MOTHER'S MAIDEN NAME

?

(dec'd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucy Markakis 1720 N. Calvert St.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Terminal pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congestive heart failure

DUE TO

Arteriosclerotic Hypertensive CVD

? months

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3/12, 1950, to 3/15, 1950, that I last saw the
deceased alive on 3/15, 1950, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

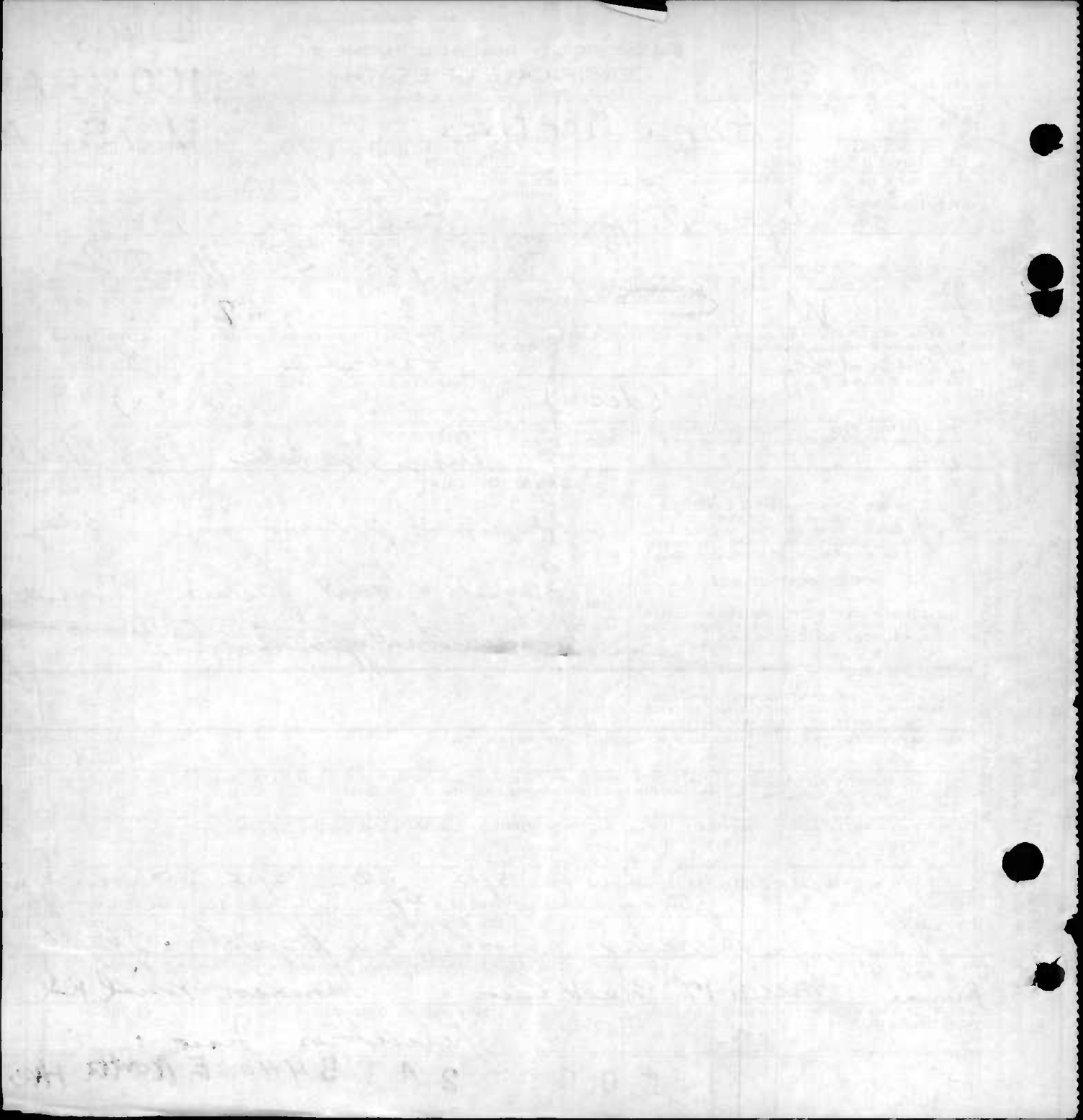
25. FUNERAL DIRECTOR

ADDRESS

VS 150

MAR 16 1950

19500002415440 E. North Ave
93D



W-460

50 2414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2414
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Inez R. Waller		3/16/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 2920 Alameda Blvd #18	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated 8 yrs		8. DATE OF BIRTH 4/11/91	9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. Ferd Rossiter				14. MOTHER'S MAIDEN NAME Bertha McElroy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Joseph B. (son) as above	

MEDICAL CERTIFICATION

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) lobar pneumonia superimposed on chronic bronchial asthma with acute congestive failure (B) arteriosclerotic heart disease DUE TO and (C) Uremia Diabetes mellitus (Fasting sugar 241 3/15)		INTERVAL BETWEEN ONSET AND DEATH 2 weeks (age 11) 42 terminal
--	--	--	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/14, 1950, to 3/16, 1950, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 1225A, from the causes and on the date stated above.					
23A. SIGNATURE Marquise Louisa Candler		23B. ADDRESS M. D. Maryland General Hospital		23C. DATE SIGNED 3/16/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/50		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.	

VS 150

MAR 16 1950

50 2414

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Request the letter to
indicate the position
of the underlying land
of the

W-2580 2415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2415

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta Wick

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

2441 C. Cager St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-14-91

9. AGE (In years,

last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Charlton

14. MOTHER'S MAIDEN NAME

Minnie Culumber ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 410X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

(D)

(E)

(F)

(G)

(H)

(I)

(J)

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Received of the
Hon. J. B. Thompson
the sum of \$100.00
for the year 1900
of the State of New York
for the year 1900

Witness my hand and seal
this 1st day of January
1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2416

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Jessie Wells

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

Rural

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Box 304, Burke Rd., Route 15 #20 Rural

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 24, 1896

9. AGE (In years

last birthday)

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frederick Beese

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or oookoo) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS Balto 20

Harry E. Wells, Box 304, Burke Rd., Rt. 15,

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cormary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-14, 1950 to 3-14, 1950, that I last saw the deceased alive on 3-14, 1950, and that death occurred at 9:40 AM from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Swinski

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 17, 1950 Moreland Mem. Park Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

5806 Harford Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

MAR 15 1950

Huntington 150-0002410

94a

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
PLACE OF BIRTH		DATE OF BIRTH	
PLACE OF DEATH		DATE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER	
SIGNATURE OF CLERK		SIGNATURE OF JUDGE	

F 200

50 2417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 2417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN FOX

2. DATE
OF
DEATH

MAR. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

ARDLEIGH NURSING HOME
2075 ROCKROSE AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

TIMONIUM

D. STREET ADDRESS (If rural, give location)

YORK AND EVANS ROADS

c. Length of stay in Baltimore

2 days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 8, 1882

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BOULDER, COLORADO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ELLIS D. MURRAY

14. MOTHER'S MAIDEN NAME

CLARA VAYO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

NONE

18. ADDRESS

MR. WILLIAM FOX, TIMONIUM, MD.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis Generalized 10 yrs

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1949 to March 14, 1950, that I last saw the
deceased alive on March 12, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

24D. LOCATION (City, town, or county)

PARKVILLE, BALTO. CO., MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1950

John F. Williams, Jr.

JOHN BURN'S SONS, TOWSON, MD.

VS 150

19500002419

93D

MARGIN RESERVED FOR BINDING
PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

E-532

50 2418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2418

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MA William Entwistle

2. DATE
OF
DEATH

3-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

Bon Secours Hospt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

16-08

c. Length of stay in Baltimore

72 yrs.

D. STREET ADDRESS (If rural, give location)

758 GRANTLEY ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 23/1874

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STORE KEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George E. Entwistle

14. MOTHER'S MAIDEN NAME

Augusta Skipper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

none

18. ADDRESS

Miss Mary Entwistle, - 758 Grantley St

18. 490 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH

12 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cong. Heart Failure

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Lobar Pneumonia

2 days

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1950, to 3-15, 1950, that I last saw the
deceased alive on 3-15, 1950, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Shokler

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1950

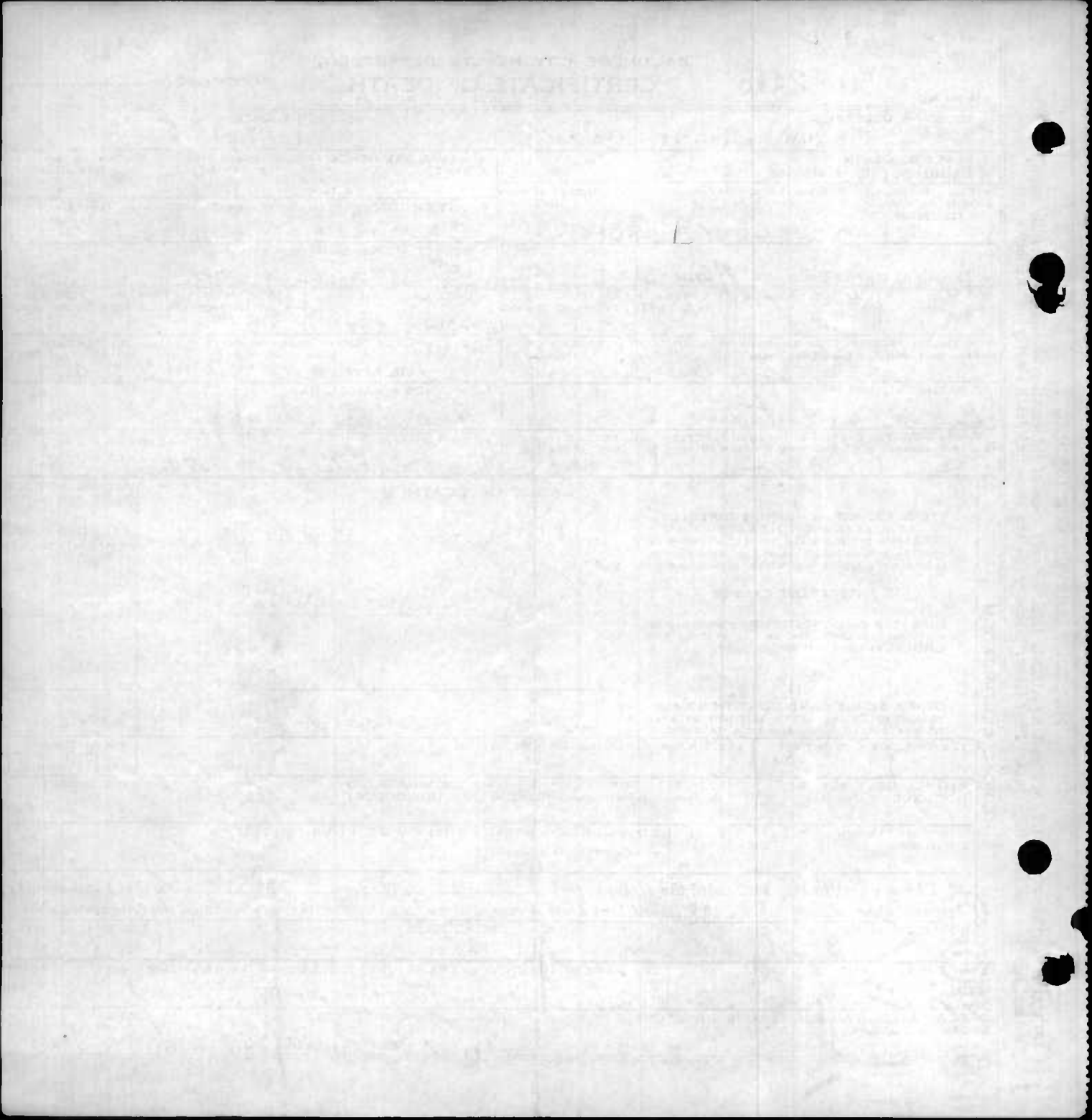
VS 150

Charles J. Shwab, - 3512 Frederick Ave.

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



L-220

50 2419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2419

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peter Leikas

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Little Sisters of the Poor
Home for the Aged4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) Baltimore 10-01D. STREET ADDRESS (If rural, give location)
Little Sisters of the Poor

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

w.

8. DATE OF BIRTH

June 9, 1878 71

9. AGE (In years,
last birthday)

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Tailor (retired) (R)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Leikas

14. MOTHER'S MAIDEN NAME

Anna Haslauskas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

212-12-6608

17. INFORMANT Little Sisters of the Poor ADDRESS

1200 Valley St

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

3 days

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11, 1950, to 14, 1950, that I last saw the
deceased alive on 13, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. L. Hall

M. O.

23B. ADDRESS

1037 E. North Ave

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/18/49

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Hall

25. FUNERAL DIRECTOR

ADDRESS

E. J. Jackson 703 McKim St

MAR 16 1950
VS 150

36088

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY
CONCRETE
WORKS

BRIDGE
WORKS

DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2420
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA Kiskis

2. DATE
OF
DEATH

Mar 14 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 32 Parkin St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 18-03D. STREET ADDRESS (If rural, give location)
32 Parkin St.

c. Length of stay in Baltimore

37 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 2 - 1888

9. AGE (In years,
last birthday)

61

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Justin Kiskis 32 Parkin St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-Vascular
Disease1939-
1950

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1939 to _____, 1950 that I last saw the
deceased alive on Feb. 14, 1950 and that death occurred at 7:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Bensons

M. D.

23B. ADDRESS

110 E. Lombard St

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 17 - 50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph Karsnicka Jr. 602

MAR 15 1950

BENEFICIARIES

93D

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B-460
50 2421BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2421
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie E. Beehler

2. DATE
OF
DEATH

March 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 619 Edgewood St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

16-08

C. LENGTH OF STAY IN BALTIMORE

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

619 Edgewood St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 10, 1869

9. AGE (In years last birthday)

80

10. Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Schreiner

14. MOTHER'S MAIDEN NAME

Laura Woolford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Emma E. Mears-619 Edgewood St

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio-Vascular Disease

7 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19, to 3/14, 1950, that I last saw the deceased alive on 3/14, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Dodd

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Mar 17, 1950

Lorraine

Balt Co

Md

16161950

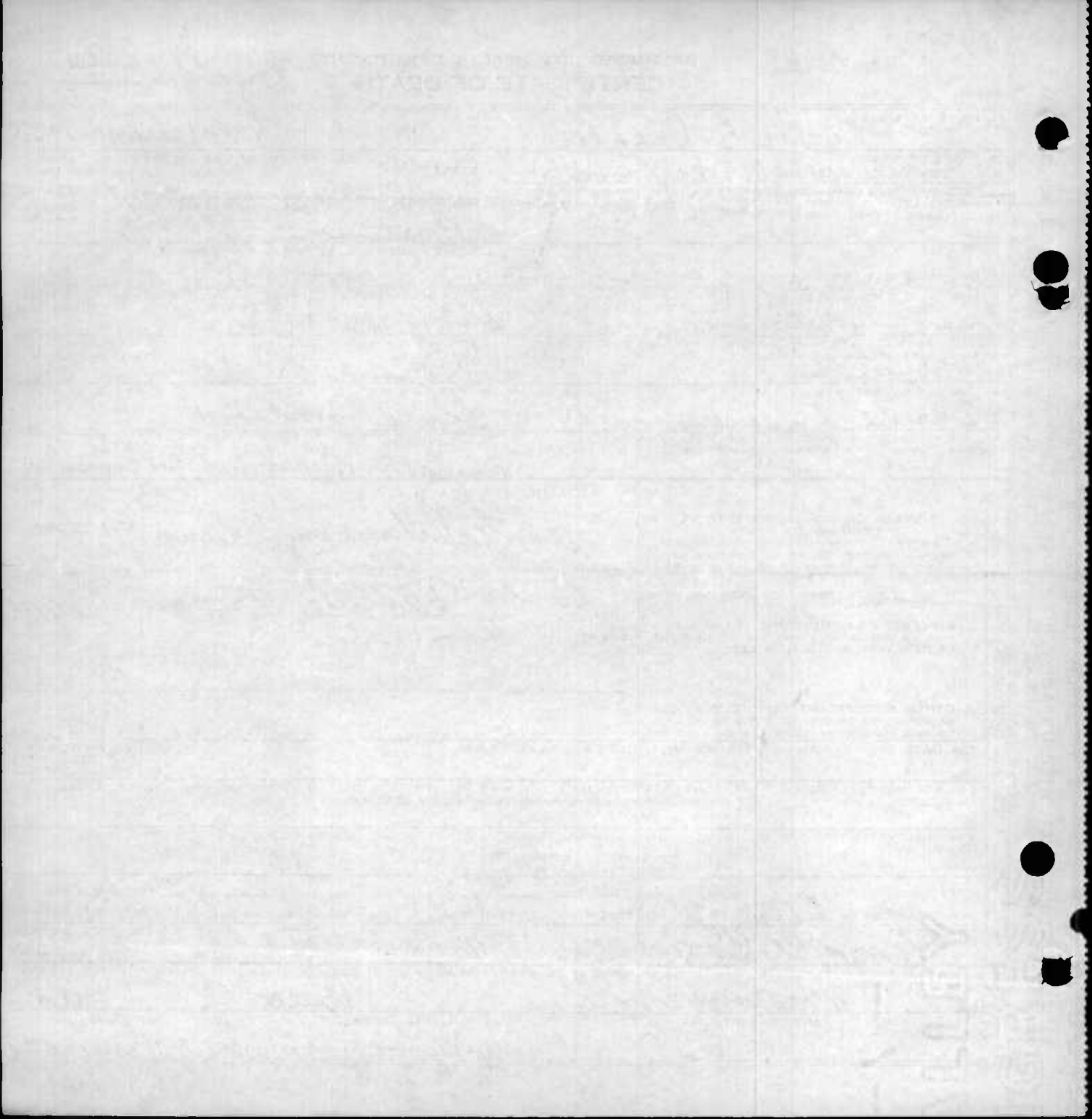
T. L. Dodd

Mrs. Mrs. John R. Seufel, Son 5311 Edmondson

VS 150

161500002423

937 Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2422

BIRTH NO. 50 2422

1. NAME OF DECEASED (Type or Print) Mc LAUGHLIN, JOHN			2. DATE OF DEATH MARCH 14, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP. FAYETTE + CALHOON STS.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1507 MONROE ST.		
5. SEX MALE	6. COLOR OR RACE NEGRO.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH JUNE 16 1910	9. AGE (In years last birthday) 39	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None LABORER		10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN Mc LAUGHLIN			14. MOTHER'S MAIDEN NAME ROXANNA McCLEAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. 446 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA (A) DUE TO	CAUSE OF DEATH UREMIA	INTERVAL BETWEEN ONSET AND DEATH 2 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NEPHROSCLEROSIS (B) DUE TO	NEPHROSCLEROSIS	NOT KNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ESS. HYPERTENSION (C) DUE TO	ESS. HYPERTENSION	NOT KNOWN.
CONGESTIVE HEART FAILURE.		3 wks.

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MAR 2 , 19 50 to 14 MAR , 19 50 , that I last saw the deceased alive on 14 MAR. , 19 50 , and that death occurred at 4:45 pm. , from the causes and on the date stated above.		
23A. SIGNATURE John W. Demand	23B. ADDRESS FRANKLIN SQUARE HOSP.	23C. DATE SIGNED 15 MAR 1950

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE March 19, 1950	24C. NAME OF CEMETERY OR CREMATORY McLaughlin Cemetery	24D. LOCATION (City, town, or county) (State) Stockton County, N. C.
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950	REGISTRAR'S SIGNATURE Joseph L. Russ	25. FUNERAL DIRECTOR ADDRESS 1200 McCulloch St.	

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF INTERMENT

PLACE OF INTERMENT

SIGNATURE OF REGISTRAR

OFFICE OF THE REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma E. Dorrett

2. DATE
OF
DEATH

3/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3809 Forrester Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

00 3809 Forrester Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baito

27-01

D. STREET ADDRESS (If rural, give location)

3809 Forrester Ave

C. Length of stay in Baltimore

1 life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/16/1870

9. AGE (In years;
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Bond

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

1/50

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Arthur Shaw

ADDRESS

3809 Forrester
Baito, Md

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

48 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension - Arteriosclerosis
Heart Disease

10 yrs.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1, 1946, to Mar 14, 1950, that I last saw the
deceased alive on Mar 14, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Hume

23B. ADDRESS

1801 E. Howard Pl

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baito.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1950

REGISTRAR'S SIGNATURE

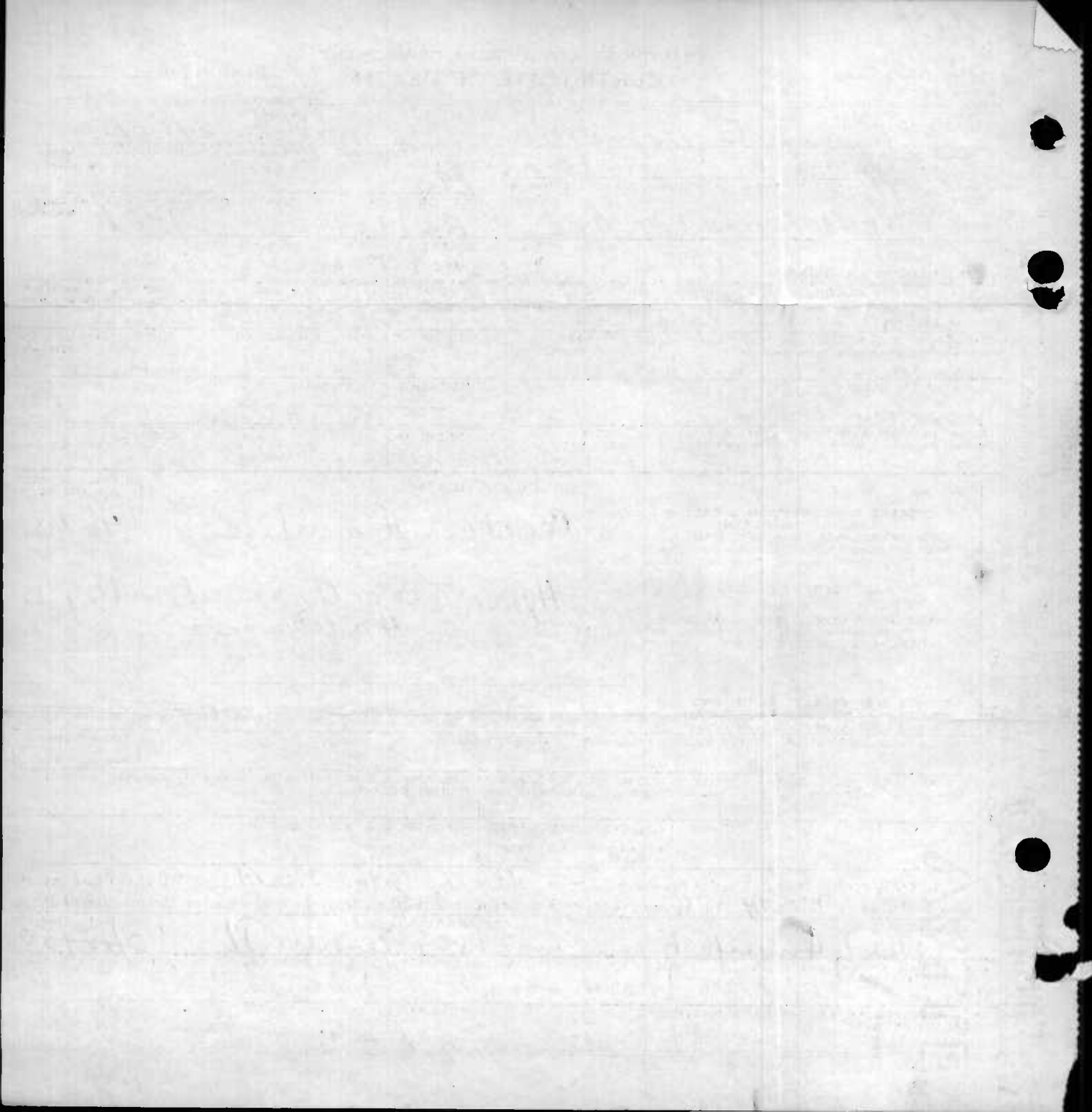
H. H. Williams

25. FUNERAL DIRECTOR

L. J. Hume

ADDRESS

740 E. Baito



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2424

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anne E. Howard

2. DATE
OF DEATH

March 15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4812 Gwynn Oak

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION

00

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4812 Gwynn Oak Av. - 00-

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 3-1863

9. AGE (In years last birthday)

86

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

T. Cells Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Col. Henry Howard

14. MOTHER'S MAIDEN NAME

not ascertainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mr. E. C. Clark - 4812 Gwynn Oak Av.

ADDRESS

18.

492 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Virus Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1950, to 3/15, 1950, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Holmquist

23B. ADDRESS

4910 Liberty St.

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 18-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1950

REGISTRAR'S SIGNATURE

J. Holmquist

25. FUNERAL DIRECTOR

Shelton-Moore Company - Balto.

ADDRESS

RECEIVED
JAN 10 1964

Memorandum

TO : [illegible]
FROM : [illegible]
SUBJECT : [illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely bleed-through from the reverse side of the document.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2425

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BETHARDS, WILLIAM

2. DATE
OF
DEATH

3/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

39 Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 22-06

c. Length of stay in Baltimore

14 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

633 Melver

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-21-1939

9. AGE (In years last birthday)

20 yrs.

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

Produce (R)

11. BIRTHPLACE (State or foreign country)

military Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

Lettie Blackwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lettie Blackwell 633 Melver

18. 416 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Coronary Heart Failure*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Pneumatic Heart Disease*
DUE TO *inactive*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/26, 1950, to 3/14, 1950, that I last saw the deceased alive on 3/13, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Holmes

M. O.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

3/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-18-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

Walter B. Spriggs - 139 W. Maryland St.

MAR 16 1950

VS 150

29861 2427

9512

Letter in document file 50-2425 4/12/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2426

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Bartlett, Minnie F2. DATE OF DEATH March 16, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland. B. COUNTY Cecil 5700B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Maryland General Hospital.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Port Deposit Rural

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX fe6. COLOR OR RACE white7. SINGLE, MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct 2, 18799. AGE (In years
last birthday) 7010. Under 1 Year Months Days
11. Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Hspt.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Virginia12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
Isiah Cole14. MOTHER'S MAIDEN NAME
unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

William J. Bartlett, Port Deposit, Md.

ADDRESS

18. 490 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) Right Lower lobar pneumonia6 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Cerebral accident

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from March 15, 1950, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 10:25 Am., from the causes and on the date stated above.23A. SIGNATURE W. J. Bartlett

23B. ADDRESS

Maryland Pen. Hosp.

23C. DATE SIGNED

3/16/50.24A. BURIAL, CREMATION, REMOVAL (Specify)
Rural

24B. DATE

3-19-50

24C. NAME OF CEMETERY OR CREMATORY

Lafayette

24D. LOCATION (City, town, or county)

Port Deposit, Md. P.D.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

W. A. Patterson & Son

ADDRESS

Berryville, Md 108

OFFICE OF THE SECRETARY

Washington, D.C.

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

EXHIBIT 101-15

W-452
50 2427

MEDICAL EXAMINER'S CASE RELEASED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2427

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mr. Edward Williams			2. DATE OF DEATH March 15, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY						
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			D. STREET ADDRESS (If rural, give location) Little Sisters of Poor - Valley & Eager St.			
c. Length of stay in Baltimore			Yrs. Mos. Days						
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 1867		9. AGE (In years last birthday) 83	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Belgium		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. M. A. Williams 2904 Park Terrace			
18. E903.7 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH (A) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 day			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Fractured femur - neck - left			CERTIFICATION APPROVED BY Dr. Wm. G. Helfrich			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) Pachymeningitis			M. D. B. Fisher			
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) institution		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Little Sisters of Poor-Valley & Eager St.					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 5, 1950 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Patient fell-slipped and fell to floor					
22. I hereby certify that I attended the deceased from 3/7/50, 1950, to 3/15/1950, that I last saw the deceased alive on 3/15/1950, and that death occurred at 8:25 AM, from the causes and on the date stated above.						23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/50		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Balt Md			
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]		ADDRESS 5305 Harford Rd			

VS 150

N-820.0

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

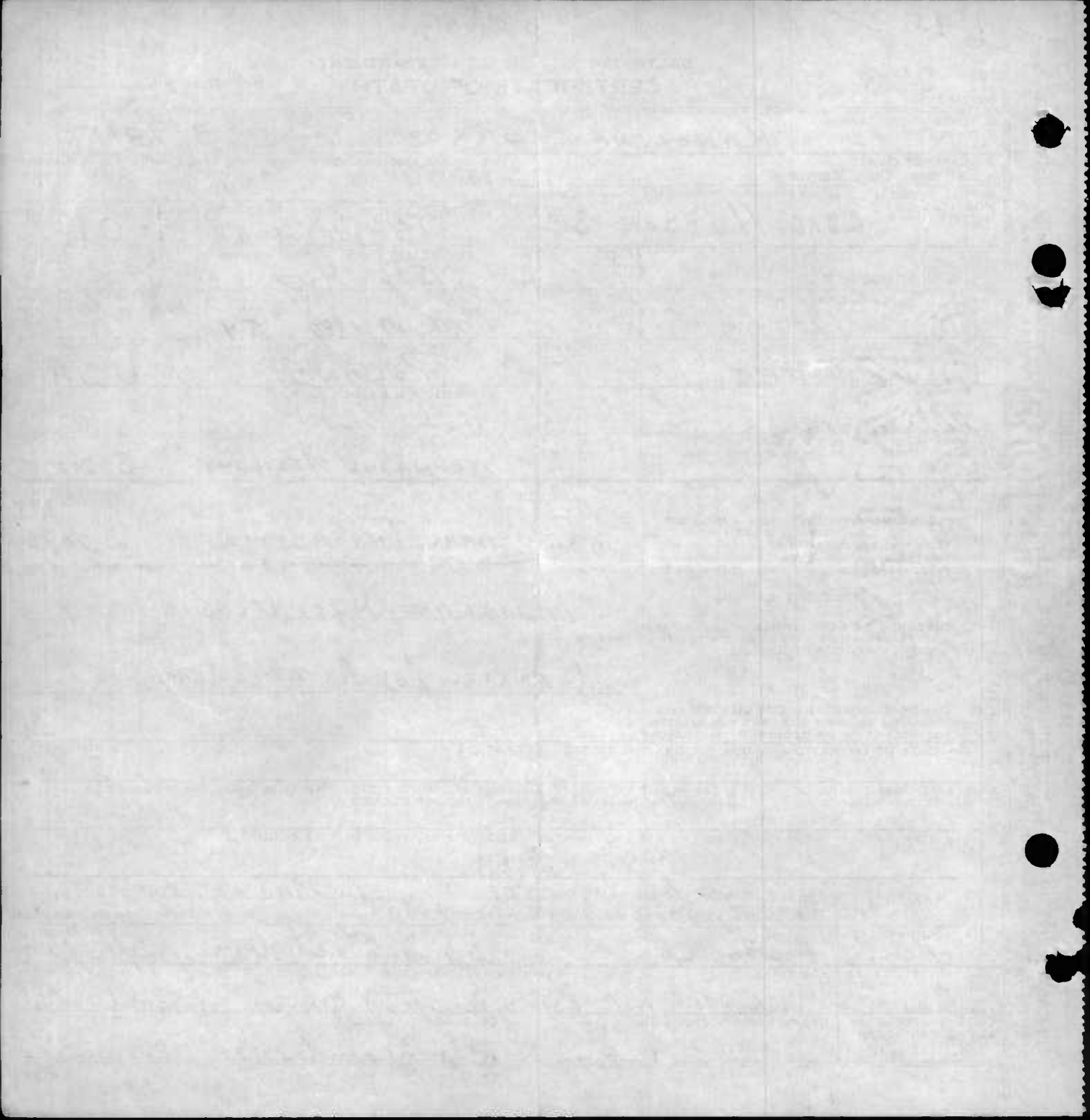
50 2428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2428

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) KAROLINA TURKOS			2. DATE OF DEATH 3/13/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 2816 HUDSON ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 1-01					
c. Length of stay in Baltimore 45 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2816 HUDSON ST.					
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH MAR. 17, 1890	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) POLAND		
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Antoni Maj			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS STEPHANIE WESOLOWSKI SAME		
18. 332 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MALIGNANT HYPERTENSION GENERALIZED ARTERIOSCLEROSIS			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS.		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from FEB 1, 1949 to MAR 13, 1950 that I last saw the deceased alive on MAR 13, 1950 and that death occurred at 9:35 p.m. , from the causes and on the date stated above.								
23A. SIGNATURE Henry J. Houska			23B. ADDRESS 333 S. East Ave			23C. DATE SIGNED 3/13/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE March 18/50			24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery		
24D. LOCATION (City, town, or county) (State) German Hill Rd Ind			25. FUNERAL DIRECTOR John J. Junda Inc			ADDRESS 2829 Hudson		
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1950			REGISTRAR'S SIGNATURE Henry J. Houska					



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2429

Registered No. _____

BIRTH NO. 50-05929

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Bolton</i>			2. DATE OF DEATH <i>3-16-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>U M H</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 25 5200</i>		
C. Length of stay in Baltimore <i>2</i> <small>Year-Month-Days</small>			D. STREET ADDRESS (If rural, give location) <i>5235 Patrick Henry Drive</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>3-14-50</i>		9. AGE (In years last birthday) <i>2 days</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Denzil M. Bolton</i>			14. MOTHER'S MAIDEN NAME <i>Matilda Jane Evans</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Thos Denzil Bolton</i>		ADDRESS <i>Same</i>

18. *776 X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Prematurity*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

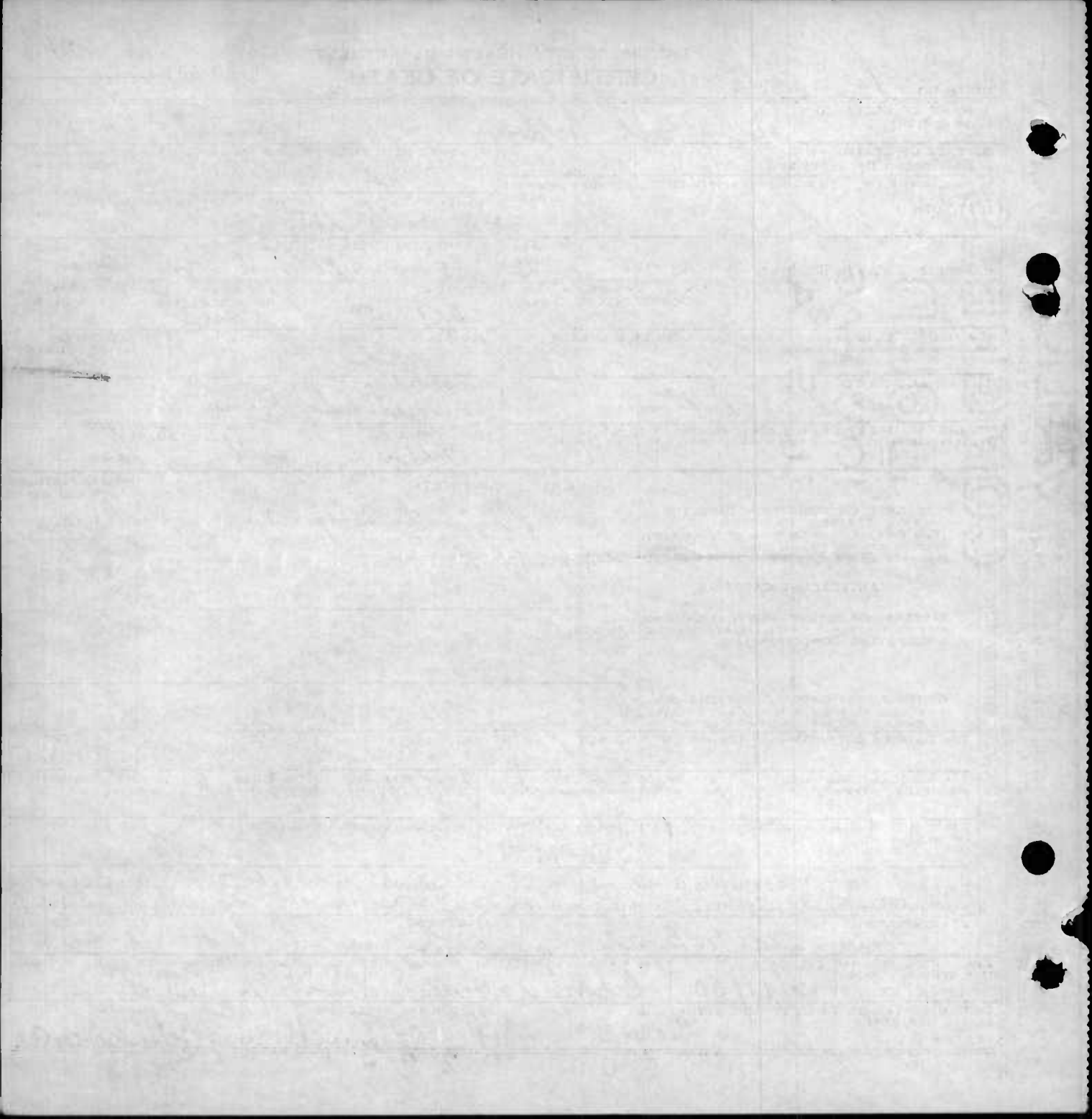
20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-14-50*, 19__, to *3-16-50*, 19__, that I last saw the deceased alive on *3-15-50*, 19__, and that death occurred at *4:55 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Donald B. Bond* M. D. 23B. ADDRESS *Union Memorial Hosp.* 23C. DATE SIGNED *3-16-50*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>3/19/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Elkins Cove</i>	24D. LOCATION (City, town, or county) (State) <i>Elkins W. V.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Chas P. Lowell 2427 Coloured Sea Ave</i>	



HALL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2430

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Catherine Hall*2. DATE
OF
DEATH*March 15, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*70 Home for the aged*Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *MD.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W.*

8. DATE OF BIRTH

*Nov. 9, 1861*9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.*88*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*NONE*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ammon

14. MOTHER'S MAIDEN NAME

*Barbara*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT *Sister Synthesis* ADDRESS*1200 Valley St.*18. *422.2*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Edema Lungs**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Chronic Myocarditis**5 yrs*

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 1, 1950*, 1950, to *March 15, 1950*, that I last saw the deceased alive on *March 15, 1950*, and that death occurred at *4:25 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall Md

M. O.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

*March 16-1950*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**Mar 17, 1950**Cathedral**Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR

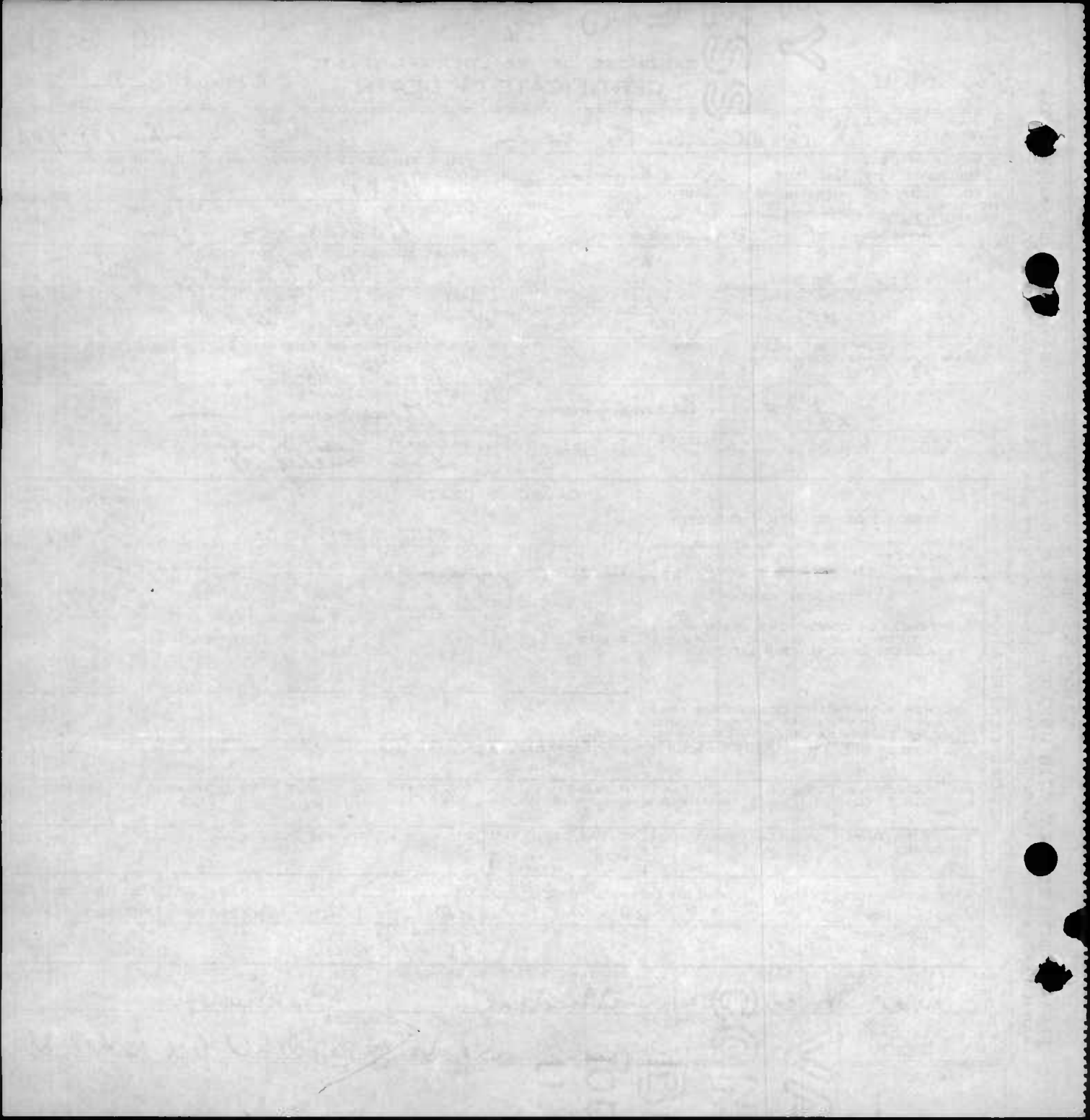
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1950

*John Ammon**John W. Wedefeld 900 E. Reddell St*



T-352
50 2431

TYDANS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 2431
 Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Mary Bessie Tydans</i>			2. DATE OF DEATH <i>March 16, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sister of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>					
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>					
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Feb. 5, 1875</i>		9. AGE (in years last birthday) <i>75</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>			10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY <i>United States</i>		
13. FATHER'S NAME <i>Angelo Bessie</i>			14. MOTHER'S MAIDEN NAME <i>Samie Bladine</i>			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.					

18. <i>491X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Edema Lungs</i>		<i>1 day</i>	
ANTECEDENT CAUSES		(B) <i>Broncho Pneumonia</i>		<i>2 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 5, 1950</i> , to <i>March 16, 1950</i> , that I last saw the deceased alive on <i>March 15, 1950</i> , and that death occurred at <i>8:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. G. Galt</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>March 16-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 18, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Reynolds Wiedefeld</i>		ADDRESS <i>9006 Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1950</i>		REGISTRAR'S SIGNATURE <i>W. J. Williams</i>			

RAILROADS AND AIR CARRIAGE
CENTRAL OF DEPT.

WALLACE
CONCRETE
BOND
100% H.K.C.
L.S.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2432

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Owen L. Smith*2. DATE
OF
DEATH*3/13/1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*2543 Greenmount Ave**Baltimore**9-08*

C. Length of stay in Baltimore

*45 yrs.*Yrs.
Mos.
Days*2543 Greenmount Ave.*

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED?

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/4/1893

9. AGE (In years last birthday)

57

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Glass Factory (M)

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Louis A. Smith

14. MOTHER'S MAIDEN NAME

Lula Wilkerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
*Marie S. Smith 2543 Greenmount*18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebral Hemorrhage*

DUE TO

2 hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *none*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 13, 1950*, to *March 13, 1950*, that I last saw the deceased alive on *Mar. 13, 1950*, and that death occurred at *7:10 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Gorden

M. D.

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

Mar. 15, '50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-17-1950

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

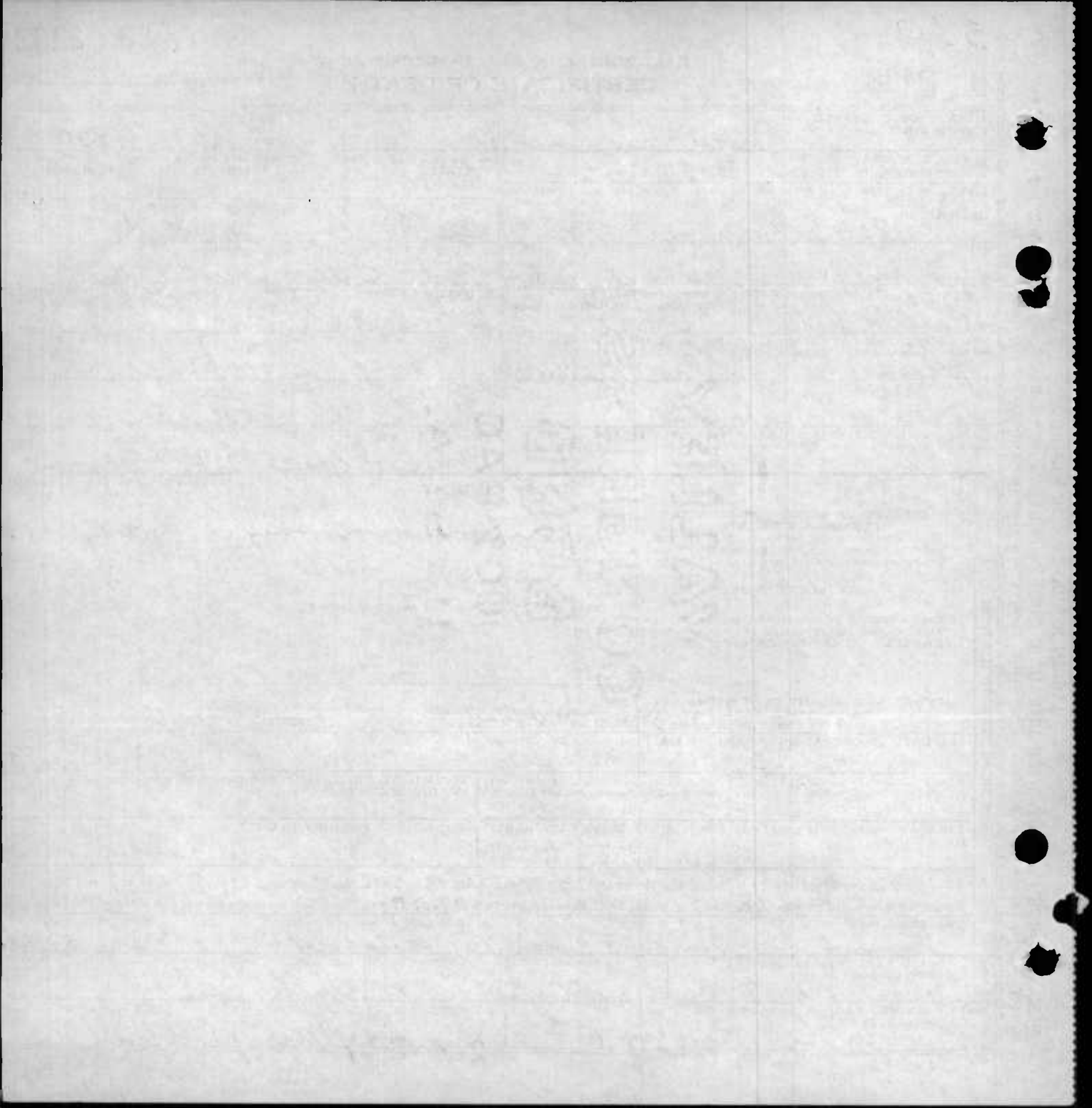
Fleming & Fleming 1426 Light St.

ADDRESS

MAR 16 1950
VS 150

31625

83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2433
Registered No.

BIRTH NO. 50 2433

1. NAME OF DECEASED
(Type or Print)

BABY Boy FISCHER

2. DATE
OF
DEATH

3-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Prince George's

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

34 BON SECOURS Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Laurel Md.

D. STREET ADDRESS (If rural, give location)

110 Second St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/16/50

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

3 30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MR. DAVID FISCHER

14. MOTHER'S MAIDEN NAME

MARGARET nee Krasinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

720.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Erythroblastosis Fetalis!
a) Spleenomegaly
b) Anemia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

MOTHER Rh neg
FATHER Rh pos no antibodiesINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16 1950, to 3/16 1950, that I last saw the
deceased alive on 3/16 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Womach

M. D.

23B. ADDRESS

BON SECOURS Hosp.

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar. 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Laurel, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

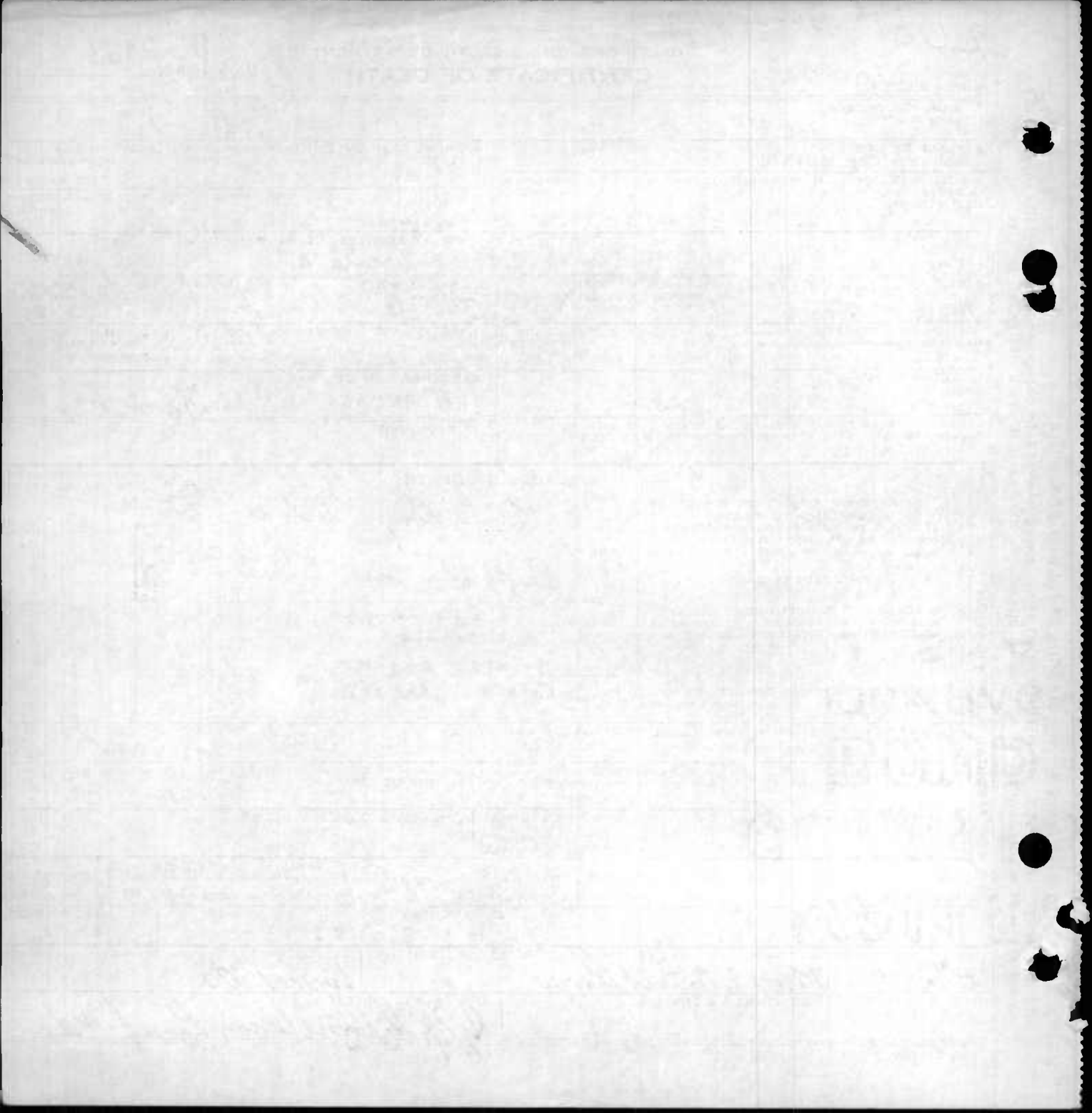
25. FUNERAL DIRECTOR

ADDRESS

Dr. W. H. Donaldson Laurel, Md.

MAR 16 1950

161c



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Christina Friedel

2. DATE
OF
DEATH

March 14 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2538 Wilkens Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

20-05

c. Length of stay in Baltimore

Life.

D. STREET ADDRESS, (If rural, give location)

2538 Wilkens Ave

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 9, 1883

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Friedel

14. MOTHER'S MAIDEN NAME

Augusta Siedel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Margaret J. Dell 2538 Wilkens Ave

18. 443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Hypertensive heart
diseaseINTERVAL BETWEEN
ONSET AND DEATH

141

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/11, 1948 to 2/14, 1950, that I last saw the
deceased alive on 3/14, 1950, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Miller

M. D.

23B. ADDRESS

2030 Wilkens Ave

23C. DATE SIGNED

3/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

MAR. 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1950

George A. Schwalb

2101 Frederick Ave.

93D Balto. 23 mds.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1913.

REPORT
OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1912.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK
PRINTING OFFICE, 1913.

1913.

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1913.

1913.

H-125

50 2435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2435

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MADELINE HOPKINS

2. DATE
OF
DEATH

Mar. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

1639 McKean Ave.

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1639 McKean Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 20, 1878

9. AGE (In years,
last birthday)

72

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Paget

14. MOTHER'S MAIDEN NAME

Hannah Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Robert E. DeLeon - 2215 N. Pulaski St

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive C-V. Disease
DUE TO

See yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1949, to 3/14, 1950, that I last saw the
deceased alive on 3/14, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Keelins

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto. Md.

VS 150

49500002437

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSE K. DOSER (MRS OTTO)

2. DATE
OF
DEATH

Mar 15, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

44 Armin Memorial Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 5, 1894

9. AGE (In years

55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10b. KIND OF BUSINESS OR INDUSTRY

Midwest Hospital

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Sigmund Kitzmann

14. MOTHER'S MAIDEN NAME

Louise de Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

216-18-7774

17. INFORMANT

ADDRESS

Paul Schmitt 5114 Woodward Ave

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Cervix - wide spread extension into pelvis

10 months

ANTECEDENT CAUSES

DUE TO

(B) Cervix - vesico-vaginal fistula

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pyelitis, bilateral Hydro-nephrosis, hydronephrosis, etc.

19a. DATE OF OPERATION

3-2-50

19b. MAJOR FINDINGS OF OPERATION

Rectovaginal fistula, due to carcinoma of the cervix

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1950, to 3-15, 1950, that I last saw the deceased alive on 3-15, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Marshall H. Davis, M.D.

23b. ADDRESS

44 Armin Memorial Hospital

23c. DATE SIGNED

3-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Mar. 17, 1950

24c. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1950

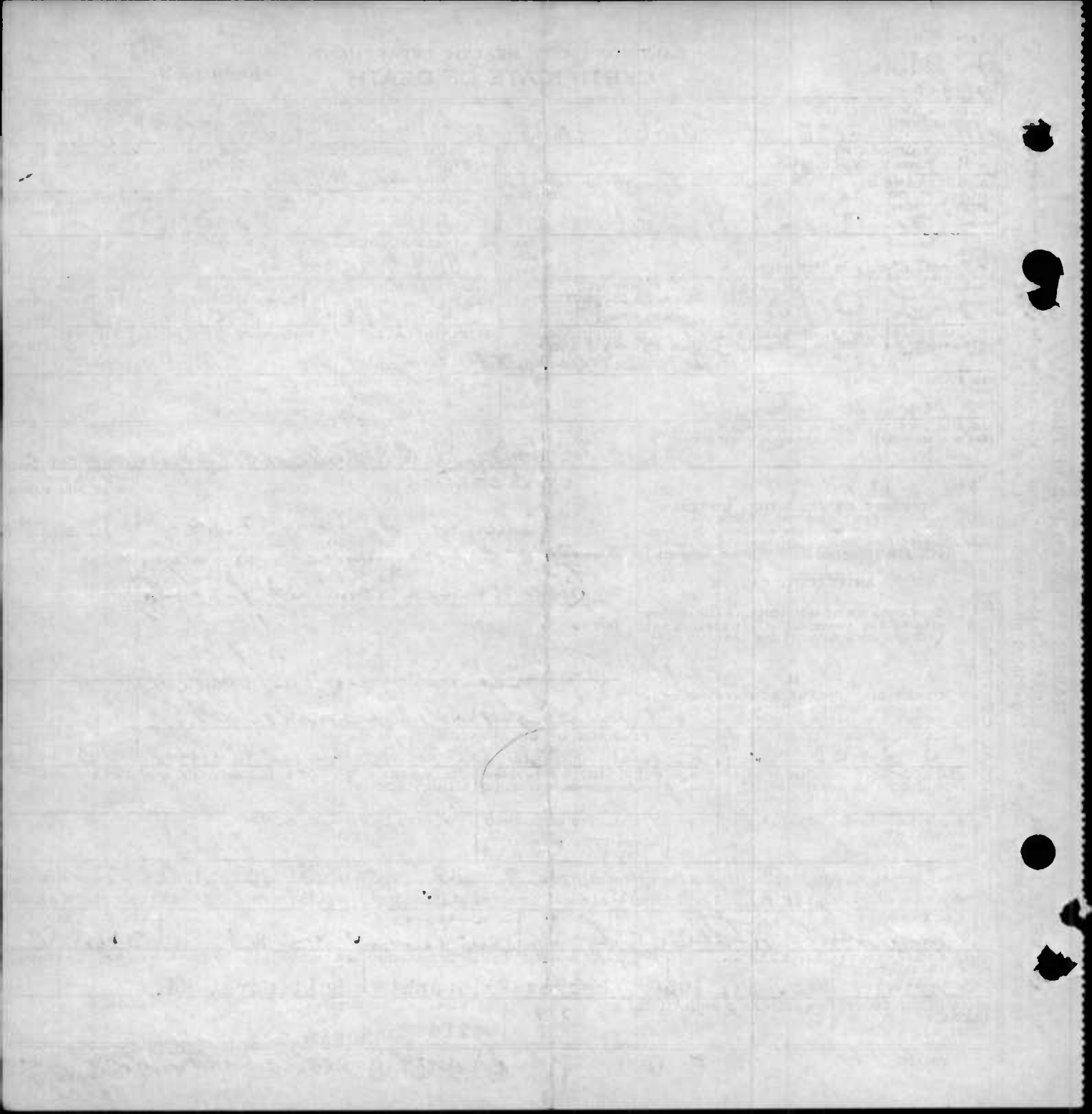
REGISTRAR'S SIGNATURE

Marshall H. Davis, M.D.

25. FUNERAL DIRECTOR

ADDRESS

David Sondheim & Son 1902 Eutaw Pl.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2437

Registered No. _____

BIRTH NO. 2437

1. NAME OF DECEASED (Type or Print) REBECCA GLAZER			2. DATE OF DEATH 3-15-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1809 East Pratt St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1809 East Pratt St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-4		9. AGE (In years, last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Phila. Pa		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hyman			14. MOTHER'S MAIDEN NAME Pauline		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Minnie Schmidt 1911 E Pratt		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO Chronic Hypertension (B) DUE TO Angina Pectoris (C) Cardiac Hypertrophy			INTERVAL BETWEEN ONSET AND DEATH acute 22 3 mos		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1, 1949 to March 15, 1950 , that I last saw the deceased alive on March 5, 1950 , and that death occurred at 10:00 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Samuel J. Temple		23B. ADDRESS 1809 E Pratt St		23C. DATE SIGNED 3/16/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-50		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR ADDRESS Jack Keewis Inc 2100 Eutaw Pl			

Leugless
2000 E Pratt

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2438
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bessie Cohen*2. DATE
OF
DEATH*3/16/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*4809 Reisterstown Rd*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Co 1 to Md 27-18

D. STREET ADDRESS (If rural, give location)

4809 Reisterstown Rd

c. Length of stay in Baltimore

*28*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

9. AGE (In years
last birthday)*80*10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

*Tobornia*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Levine 4809 Reisterstown Rd

ADDRESS

18. *Hrr. 1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Anteroseptal p. v. disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Levine

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

*3/16/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial 3-17-50 Hebrew Burial Home**Balto Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 17 1950**James H. H. H. H. H.**Jack Levine 2100 Cutaw Rd*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2439

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Albert James Underhill2. DATE
OF
DEATH3-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

12 E. Read St. Balto. 2 Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 13 18749. AGE (In years
last birthday)75 yrs.If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Josiah G. Underhill

14. MOTHER'S MAIDEN NAME

Emma Harold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

ADDRESS

Same18. 492X ?

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema
Bundle branch heart blockINTERVAL BETWEEN
ONSET AND DEATH6 hrs
and 2 yrs
6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Virus pneumonia
edema and salt retention

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

Leucopenia and neutropenia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1925, to March 15, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 12 E. Read St. m., from the causes and on the date stated above.

23A. SIGNATURE

Ino A. Kutscher

M. D.

23B. ADDRESS

12 E. Read St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

3-21-50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

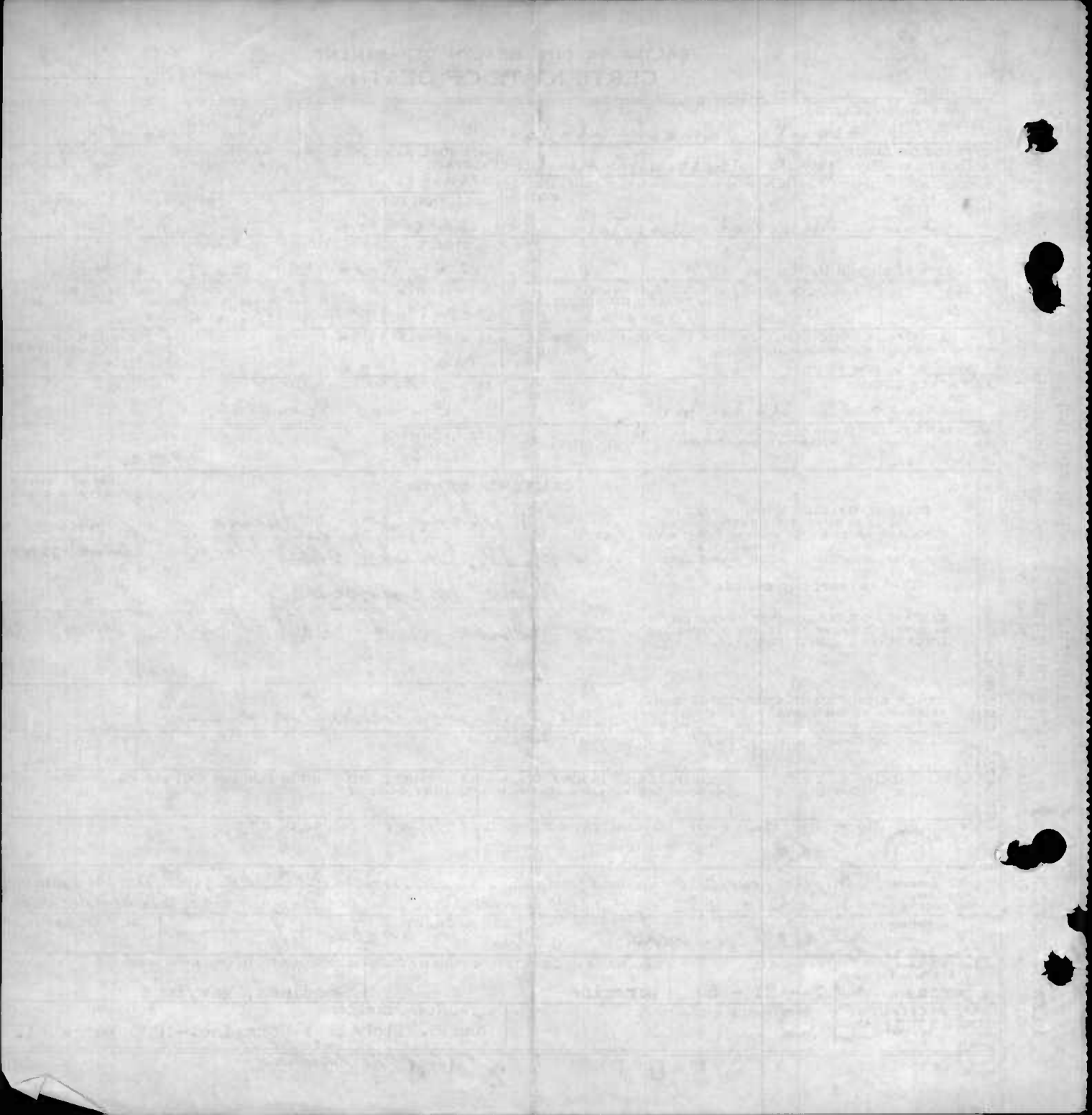
REGISTRAR'S SIGNATURE

John O. Mitchell & Sons, Inc.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2440

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Elizabeth McComas

2. DATE
OF
DEATH

16-March-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Harford

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Harford Convalescent Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bel Air

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 11, 1871

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore City, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William E. Albaugh

14. MOTHER'S MAIDEN NAME

Hannah Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

William McComas

ADDRESS

Bel Air, Maryland

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Pneumonia Lobar, Left.

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerotic Cardio Vascular
Disease

1-Oct-49

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-Oct-1949 to 16-Mar-1950 that I last saw the
deceased alive on 16-Mar-1950 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Edwards

M. D.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

16-Mar-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3 - 19 - 50

24C. NAME OF CEMETERY OR CREMATORY

Bethel Presbyterian

24D. LOCATION (City, town, or county)

Bethel, Harford Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 17 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Joseph Foster

ADDRESS

Bel Air, Md.

CHRISTIANITY ON DEATH

THEY ARE THE ONLY

1911

1911

1911

1911

1911

WALL

WALL

C-516 30 2441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2441

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **WALTER E. CHAMBERS** 2. DATE OF DEATH **3-14-50**

3. PLACE OF DEATH: A. Baltimore City, Maryland **769 Redwood St** 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 4-02**

D. STREET ADDRESS (If rural, give location) **769 Redwood St** c. Length of stay in Baltimore **31 yrs.** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **4-8-1918** 9. AGE (In years, last birthday) **31** 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 10B. KIND OF BUSINESS OR INDUSTRY **General Carpentry** 11. BIRTHPLACE (State or foreign country) **Baltimore** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **Walter Chambers** 14. MOTHER'S MAIDEN NAME **Anna Bailes**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. **219-03-0251** 17. INFORMANT **Mrs Edith Funk** ADDRESS **769 Redwood**

18. **490X** I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Pneumonia** (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Pneumonia with effusion**

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) _____ 21E. INJURY OCCURRED _____ 21F. HOW DID INJURY OCCUR? _____ WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Mar 1st, 1950**, to **Mar 14, 1950**, that I last saw the deceased alive on **Mar 14, 1950**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE **Harry Shuman** 23B. ADDRESS **2687 Melrose Ave** 23C. DATE SIGNED **Mar 16 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **3-17-50** 24C. NAME OF CEMETERY OR CREMATORY **Int. Olivet Cem** 24D. LOCATION (City, town, or county) (State) **Balt. Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 17 1950** REGISTRAR'S SIGNATURE **W. J. Williams** 25. FUNERAL DIRECTOR **Geo. E. Meyer** ADDRESS **1512 Hollins St**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

WALTER A. DARRIN

Age 47 years

1-8-1911

Heart Disease

Heart Disease

Wm. H. Darrin

Heart Disease

Heart Disease

Heart Disease

Heart Disease

Heart Disease

Heart Disease

Heart Disease

Heart Disease

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George Binau

2. DATE
OF
DEATH

March 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mersey Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 24-03

D. STREET ADDRESS (If rural, give location)

1411 Light St.

c. Length of stay in Baltimore

45

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 21, 1895

9. AGE (In years last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Metal-lather

10B. KIND OF BUSINESS OR INDUSTRY

Machining tools

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Conrad Binau

14. MOTHER'S MAIDEN NAME

Mary Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Deceased

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Arterio Sclerotic Cardio-vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

9 AM

10:20 AM

22. I hereby certify that I attended the deceased from March 16, 1950 to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 10:20 m., from the causes and on the date stated above.

23A. SIGNATURE

S. R. Binau

23B. ADDRESS

Mersey Hospital

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-20-50

24C. NAME OF CEMETERY OR CREMATORY

National - Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1950

REGISTRAR'S SIGNATURE

Therese J. Binau

25. FUNERAL DIRECTOR

Wm Cook Inc

ADDRESS

1217 St Paul

NO. 140
CASE 140
CHESTER J. LUBINSKI
per: *R. J. Fisher* M.D.
CHIEF OF CLINICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2443

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Josephine Jones

2. DATE
OF
DEATH

MAR 15 / 50

3. PLACE OF DEATH

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1204 Short-Court

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1265 N. Central Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 2, 1875

9. AGE (In years,
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Wash, D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Toye

14. MOTHER'S MAIDEN NAME

Lucy Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Jones 1265 N Central

18. 410 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

Only

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1950, to Mar 13, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Edward Fisher, M. O.

23B. ADDRESS

1612 Edmonstone

23C. DATE SIGNED

MAR 15 / 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

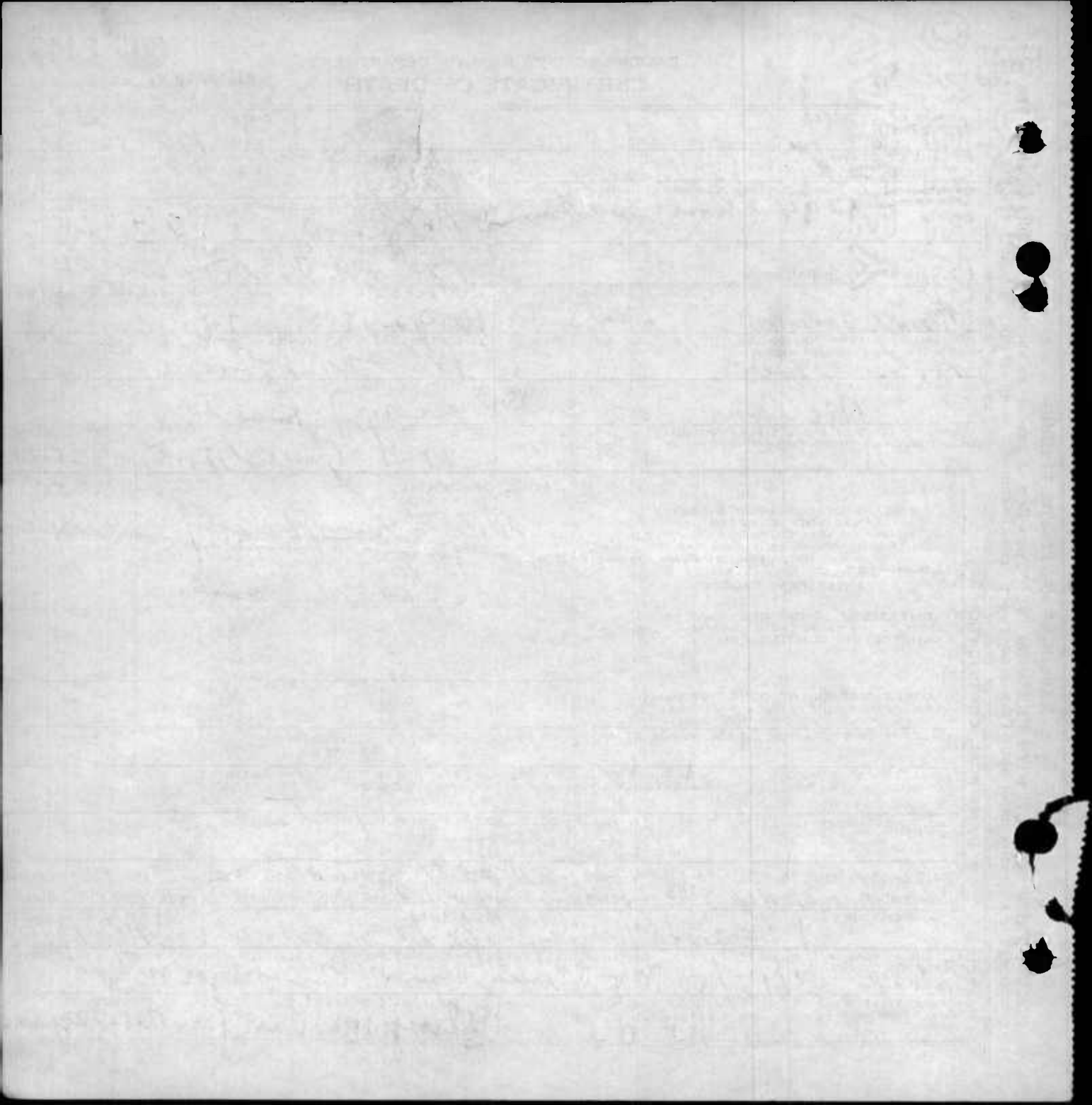
25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

9500

Chas. O. Wilson, 1000 Bunting



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2444
Registered No. 50-2444

BIRTH NO. 50-00274

1. NAME OF DECEASED
(Type or Print)

Judith A. Epstein

2. DATE
OF
DEATH

March 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE
MarylandB. COUNTY
(before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. STREET ADDRESS (If rural, give location)

4005 Carlisle Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 5, 1950

9. AGE (In year-
last birthday)

-

If Under 1 Year
Months: Days

2

12

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sherwin David Epstein

14. MOTHER'S MAIDEN NAME

Ruth Minna Galpern

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Sherwin David Epstein-4005 Carlisle Ave

18.

756.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Internal hemorrhage

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ?

DUE TO

over

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-, 19 50 to 3-17-, 19 50 that I last saw the
deceased alive on 3-17-, 19 50, and that death occurred at 6:55A. m., from the causes and on the date stated above.

23A. SIGNATURE

Lee N. Kastner

M. D.

23B. ADDRESS

c/o Sinai

23C. DATE SIGNED

3-17-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-50

24C. NAME OF CEMETERY OR CREMATORY

Workmen Circle

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

3-17-50

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Lerman Bros

ADDRESS

1124-26 W. North Ave

Probable congenital malformation of gall duct. Letter in document
file 50-2444 - 5/4/50.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2445
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George H. Handy		2. DATE OF DEATH March 15, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mary land B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4305 Dewey Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 4305 Dewey Ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years - last birthday) 68
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Harmon Handy		14. MOTHER'S MAIDEN NAME Sarah Laws	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-14-4718	
17. INFORMANT ADDRESS M's Lula Johnson 4305 Dewey Ave.			

<p>18. 177X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Acute Obstructive Jaundice 3 wks</p> <p align="center">DUE TO</p> <p>(B) Carcinoma of liver unknown</p> <p align="center">DUE TO</p> <p>(C) Carcinoma of Prostate unknown</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar 3 1950 , to Mar 15, 1950 , that I last saw the deceased alive on Mar 14 1950 , and that death occurred at 6 30 m., from the causes and on the date stated above.				
23A. SIGNATURE A. Garland Phisell		23B. ADDRESS 902 W. Franklin		23C. DATE SIGNED 3-16-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-19-50	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1950		25. FUNERAL DIRECTOR ADDRESS (Mrs) Frances A. Hemsley 578 W. Biddle St.		

VS 150

98899

2447

51B

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-530

1000000

G-1650
50 2446BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2446
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Settie Green		March 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
60 501 Baker St.		Baltimore 14-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
3 years		501 Baker St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	Colored	Widow	April 10, 1862	87	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife		Home	Essex Co. Va.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Unknown		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Sarah Gray 501 Baker St.	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Congestive Heart Failure			?
ANTECEDENT CAUSES		(B) DUE TO			?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Interosseal Arterio Sclerotic Heart Disease.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
0					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 7, 1950, to March 14, 1950, that I last saw the deceased alive on March 14, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Lesterford A. Murrend		2302 Dundee Ave		3-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		March 18, 1950		Mt. Lawn	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Bowling Green, Va.		Holland Funeral Home		2431 N. 1st St. S.E.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAR 17 1950		H. J. Williams		Holland Funeral Home	
VS 150		169 5 0 0 0 0		2431 N. 1st St. S.E.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

93D

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2447

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Clinton Johnson</i>		2. DATE OF DEATH <i>3/18-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>An</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1322 Druid Hill Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balt. Md 17-02</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1322 Druid Hill Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 21, 1874</i>	9. AGE (In years, last birthday) <i>75 73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private family</i>		11. BIRTHPLACE (State or foreign country) <i>Bald. Md.</i>	
13. FATHER'S NAME <i>Richard Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Anne Brown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. William Hedgemon</i>	
18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Central Apoplexy</i> DUE TO <i>Paralysis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B)		(C)	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/1</i> , 19 <i>50</i> , to <i>3/14</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3/13</i> , 19 <i>50</i> , and that death occurred at <i>7:4</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Blair Butler Sr</i>		23B. ADDRESS <i>2135 Druid Hill Ave.</i>		23C. DATE SIGNED <i>3/18-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/17/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Clinton Johnson</i>	
25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		25. ADDRESS <i>107 E. ...</i>			

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

REPORT OF
INVESTIGATION
MADE AT
NEW YORK
ON
JANUARY 10, 1964
BY
SAC, NEW YORK
AND
SA, NEW YORK

15-64

G-1620
50 2448BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2448
Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Gross</i>		2. DATE OF DEATH <i>March 14, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1233 N. Guilmer St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-00</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1233 N. Guilmer St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 21, 1891</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butcher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Slaughter house</i>		11. BIRTHPLACE (State or foreign country) <i>Calvert Co. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Richard Gross</i>		14. MOTHER'S MAIDEN NAME <i>Cecelia ? ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Sarah Gross N. Guilmer St.</i>	
18. <i>293 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Myocarditis</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Anemia & malnutrition</i> DUE TO		(C)		<i>over</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-9-50</i> , 1950, to <i>3-14-50</i> , 1950, that I last saw the deceased alive on <i>3-13-50</i> and that death occurred at <i>4:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank A. Saunders M.D.</i>		23B. ADDRESS <i>1029 N. Stricker St.</i>		23C. DATE SIGNED <i>3-17-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/18/1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Md.</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>20550 Quind St. Balt. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		496 X 5	

In your opinion what
was the underlying cause of death.
and also what type was the anemia?

Letter in document file. 50-2448 4/12/50.

H-619 Hospital Disposal

50

2449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2449

Registered No.

BIRTH NO. 50-05162

1. NAME OF DECEASED
(Type or Print)

Baby "Ray" Harvey

2. DATE
OF
DEATH

3-8-60

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-03

D. STREET ADDRESS (If rural, give location)

1637 Moreland Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-8-50

9. AGE (In years last birthday)

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David W. Harvey

14. MOTHER'S MAIDEN NAME

Charlotte C. Gage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1950, to 1950, that I last saw the deceased alive on 1950, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James L. Ganss Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

VS 150

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159

STATE OF TEXAS
COUNTY OF DALLAS

1915

Wm. J. Hall

5162

Wm. J. Hall

J-525 530633

50 2450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2450

BIRTH NO. 50-04579

1. NAME OF DECEASED
(Type or Print)

Baby Johnson

2. DATE
OF
DEATH

March 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Queen Anne

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

33 The Johns Hopkins Hospital

C. CITY OR TOWN

Grasonville

6700

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5 min.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 5, 1950

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Chisum

14. MOTHER'S MAIDEN NAME

Trithenia Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

768.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intrapartum infection

DUE TO

(C)

5 minutes

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950 to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Hartman

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

March 7, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

2452

VS 150

161c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

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To be approved by chief med. officer. *R-426*
 50 2451

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

50 2451

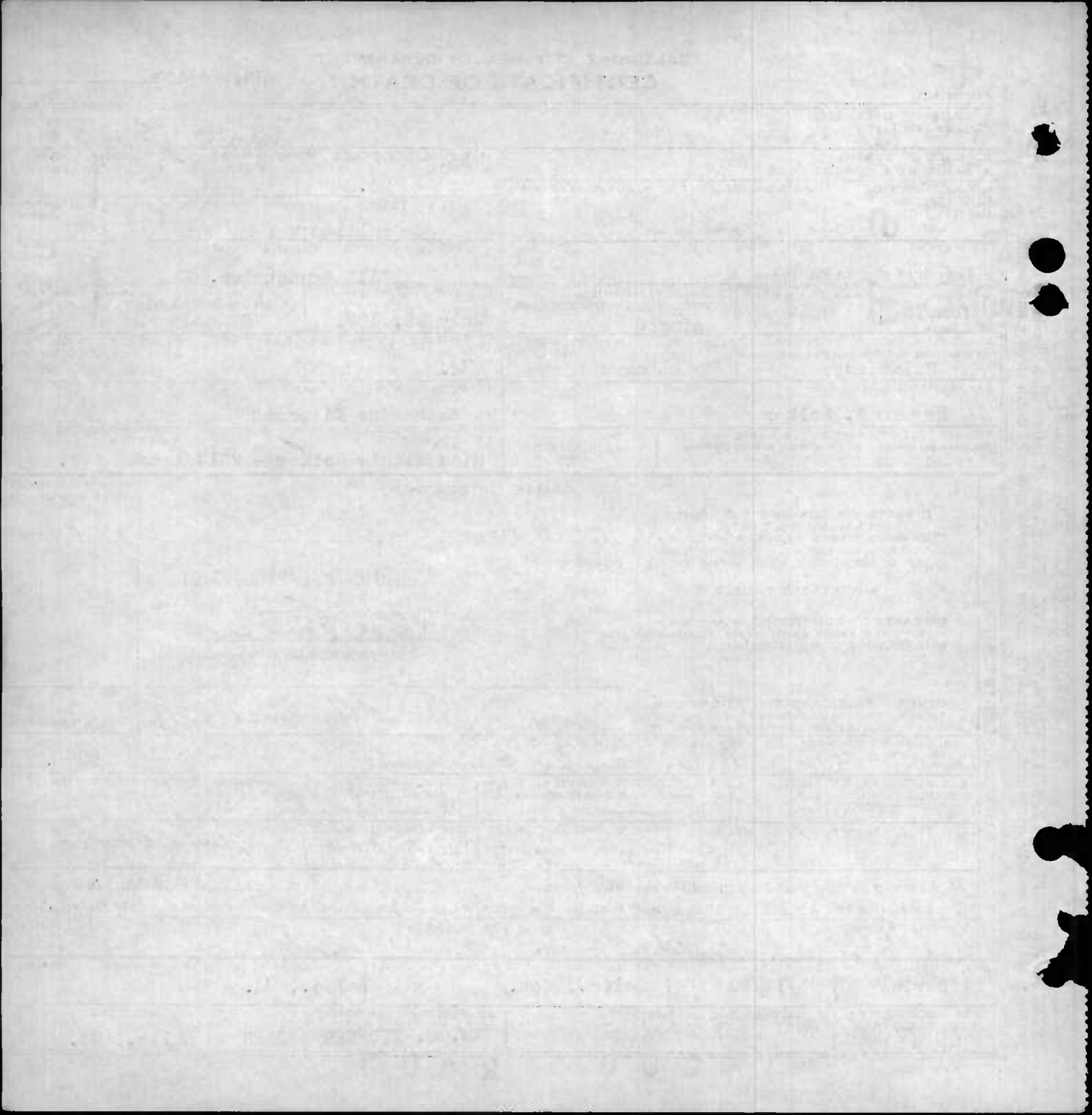
Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <i>Ida E. Rolker</i>			2. DATE OF DEATH <i>3-15-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			<i>16-05</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2314 Arunah Ave.</i>					
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>July 22, 1871</i>		9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months _____ Days _____	11. Under 24 Hours Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Herman H. Rolker</i>			14. MOTHER'S MAIDEN NAME <i>Katherine Eilerman</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Miss Minnie Rolker - 2314 Arunah Ave.</i>			ADDRESS _____

18. <i>E903.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i>			CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Congestive Heart Failure (med)</i>			CERTIFICATION APPROVED BY <i>B. B. Fisher</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER.			from admission		
19A. DATE OF OPERATION <i>3-8-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Atherosclerotic Sanguine</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident:</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Hospital</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Mercy Hospital</i>				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3 10 1950 11:30 p.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Patient got out of bed, fell and broke hip bones</i>				
22. I hereby certify that I attended the deceased from <i>3-3</i> , 1950, to <i>3-15</i> , 1950 that I last saw the deceased alive on <i>3-15</i> , 1950, and that death occurred at <i>8:45 p.m.</i> from the causes and on the date stated above.								
23A. SIGNATURE <i>Chas. J. Reddell Jr. M. D.</i>			23B. ADDRESS <i>Mercy Hospital</i>			23C. DATE SIGNED <i>3-15-50</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/18/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto., Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1950</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>WM. J. TICKNER & SONS</i>		ADDRESS <i>Balto., Md.</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2452

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE ANTOINETTE VOGT

2. DATE
OF
DEATH

Mar. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3433 Dudley Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 29, 1880 69

9. AGE (in years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

W.W. Taylor

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT 3433 Dudley Ave ADDRESS
Mr. Joseph Vogt

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Atherosclerotic Cardiovascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes, Chronic Pyelonephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944, to Mar 15, 1950 that I last saw the deceased alive on Mar 13, 1950 and that death occurred at 9:30 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3400 Erdman Ave

3/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Borland Memorial

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

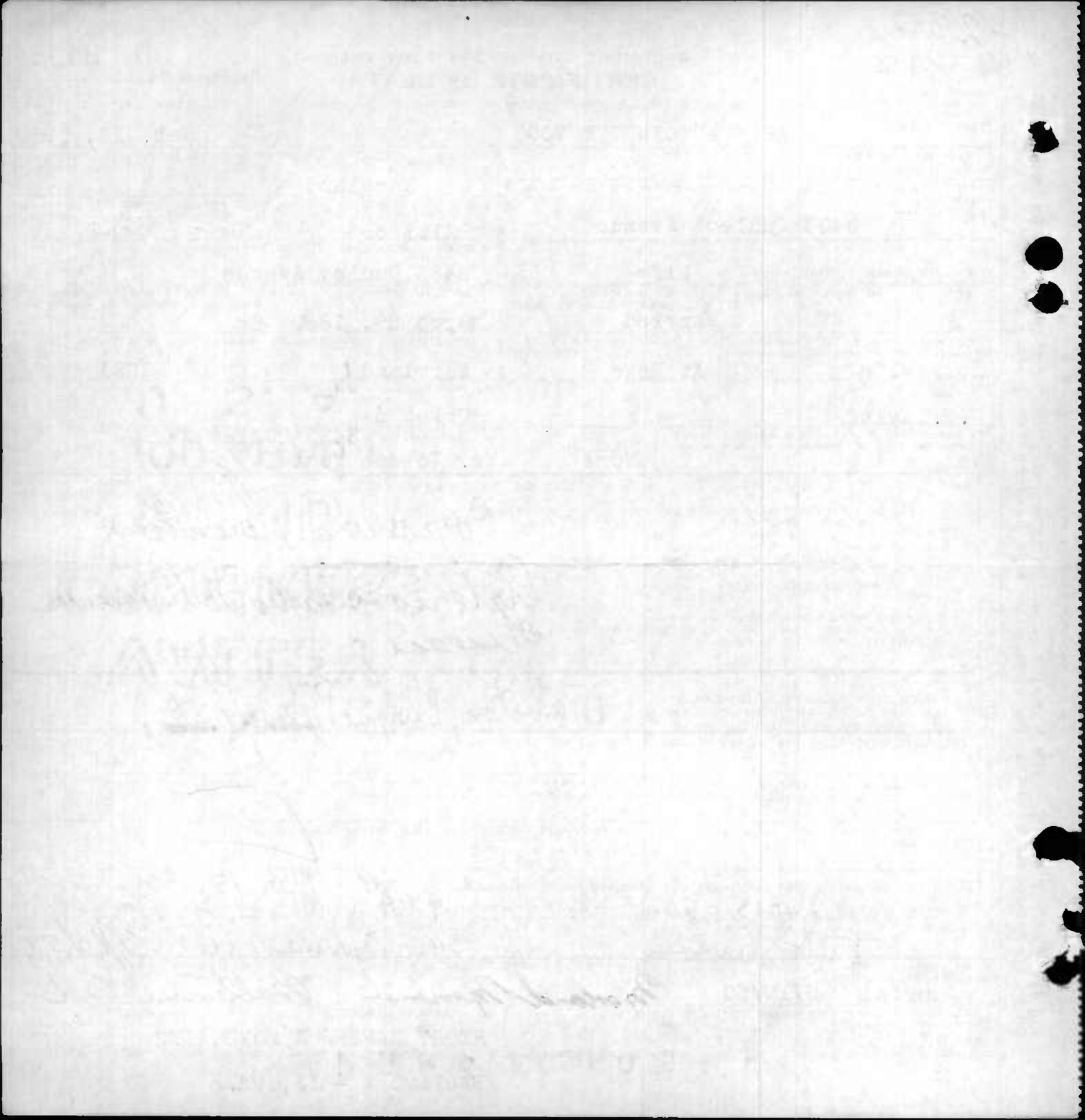
Huntington Williams

HENRY SANDER & SONS, INC

VS 150

BALTIMORE 13, Md.

61



D-6 22

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2453

Registered No.

BIRTH NO.

50 2453

1. NAME OF DECEASED
(Type or Print)

Marionna Duracynsk

2. DATE
OF
DEATH

March 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland/30 S. Patterson Park Ave.

B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

C. COUNTY

D. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph Home for the Aged

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore - 31 1-05

D. STREET ADDRESS (If rural, give location)

130 S. Patterson Park Avenue

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 25, 1871

9. AGE (In years
last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Walter Duracynsk District Planning 5C120 9 2

18. 153 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension & V. Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1950 to 3/16, 1950 that I last saw the deceased alive on 3/15, 1950, and that death occurred at 2:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Louis C. Pratt, Jr., M.D.

23B. ADDRESS

8004 Patterson Park

23C. DATE SIGNED

24A. BURIAL, CREM-
ATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 18-1950

St. Stanislaus

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

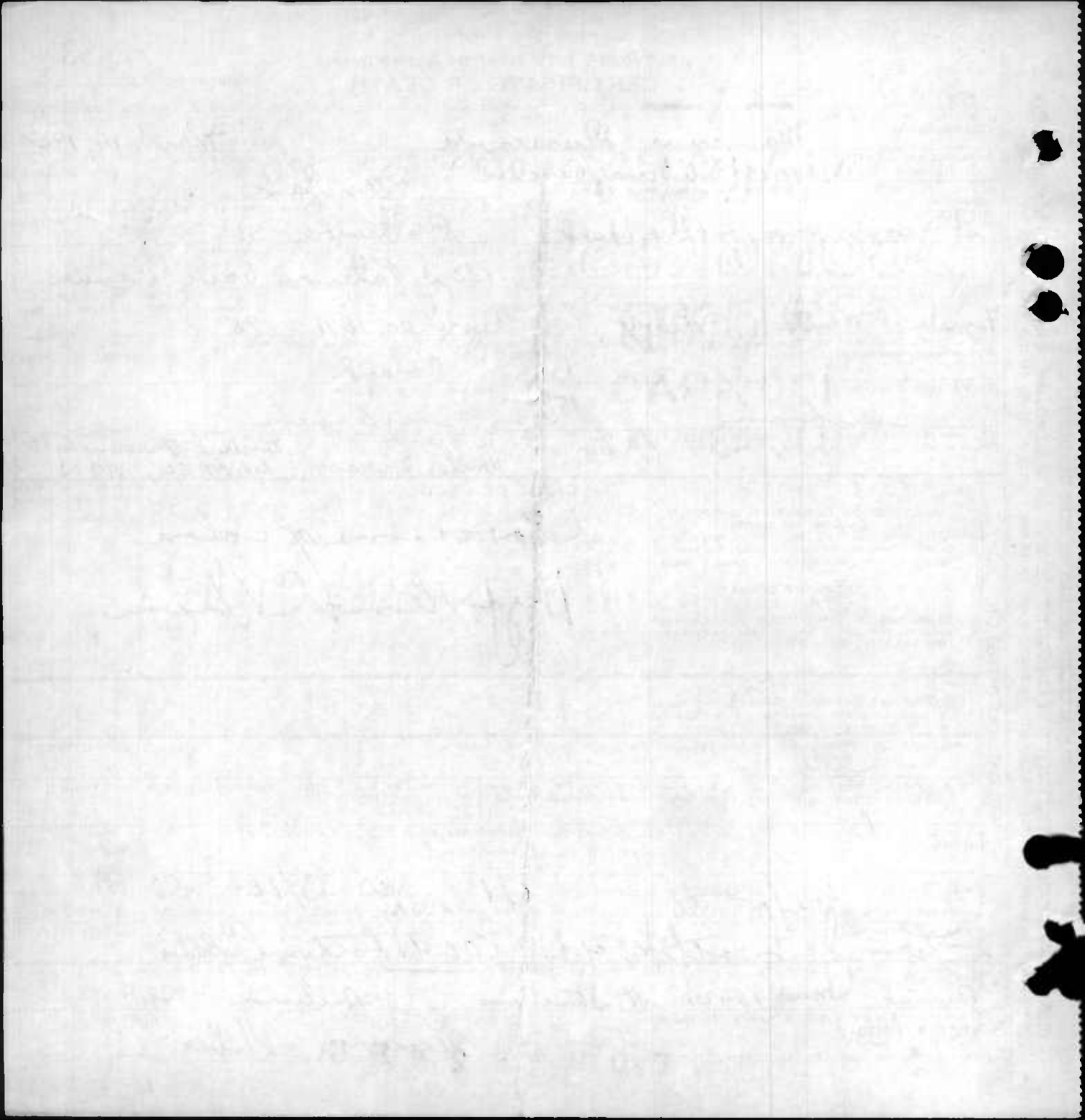
25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

William H. Weber

Weber



M-620

50 2454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2454

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emma Meyers</i>		2. DATE OF DEATH <i>March 16, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Frederick</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Emmitsburg 6000</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-10-77</i>	9. AGE (In years: last birthday) <i>73</i>	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Dayfield Md</i>	
13. FATHER'S NAME <i>J. H. Mathews</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Laura Ambrose</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS			
18. <i>420.0</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Arteriosclerotic Heart Disease</i>			
DUE TO		(B)			
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DUE TO		(KR)			
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DUE TO		(KT)			
DUE TO		(KU)			
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DUE TO		(KW)			
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DUE TO		(LF)			
DUE TO		(LG)			
DUE TO		(LH)			
DUE TO		(LI)			
DUE TO		(LJ)			
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DUE TO		(LR)			
DUE TO		(LS)			
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DUE TO		(LU)			
DUE TO		(LV)			
DUE TO		(LW)			
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DUE TO		(NM)			
DUE TO		(NN)			
DUE TO		(NO)			
DUE TO		(NP)			
DUE TO		(NQ)			
DUE TO		(NR)			
DUE TO		(NS)			
DUE TO		(NT)			
DUE TO		(NU)			

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

NAME OF DECEASED John Doe

AGE 45 SEX M

DATE OF DEATH Jan 15 1900

PLACE OF DEATH Home

CAUSE OF DEATH Heart Disease

SIGNATURE OF PHYSICIAN J. H. Smith

DATE Jan 15 1900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2455
Registered No.

BIRTH NO. 50 2455

1. NAME OF DECEASED
(Type or Print)

NETTIE GREEN

2. DATE
OF
DEATH

March 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland

HOSPITAL OR

INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1353 N. Gilmore St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 4, 1918.

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Leonardtown, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A. ✓

13. FATHER'S NAME

Rhody Barnes.

14. MOTHER'S MAIDEN NAME

Alice Patete.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Timothy Green. 1353 N. Gilmore St.

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Lobar pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING ITINTERVAL BETWEEN
ONSET AND DEATH

10 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

E. L. Ryan

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 16, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-18-1950

24C. NAME OF CEMETERY OR CREMATORY

Leonardtown Md. Leonardtown

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

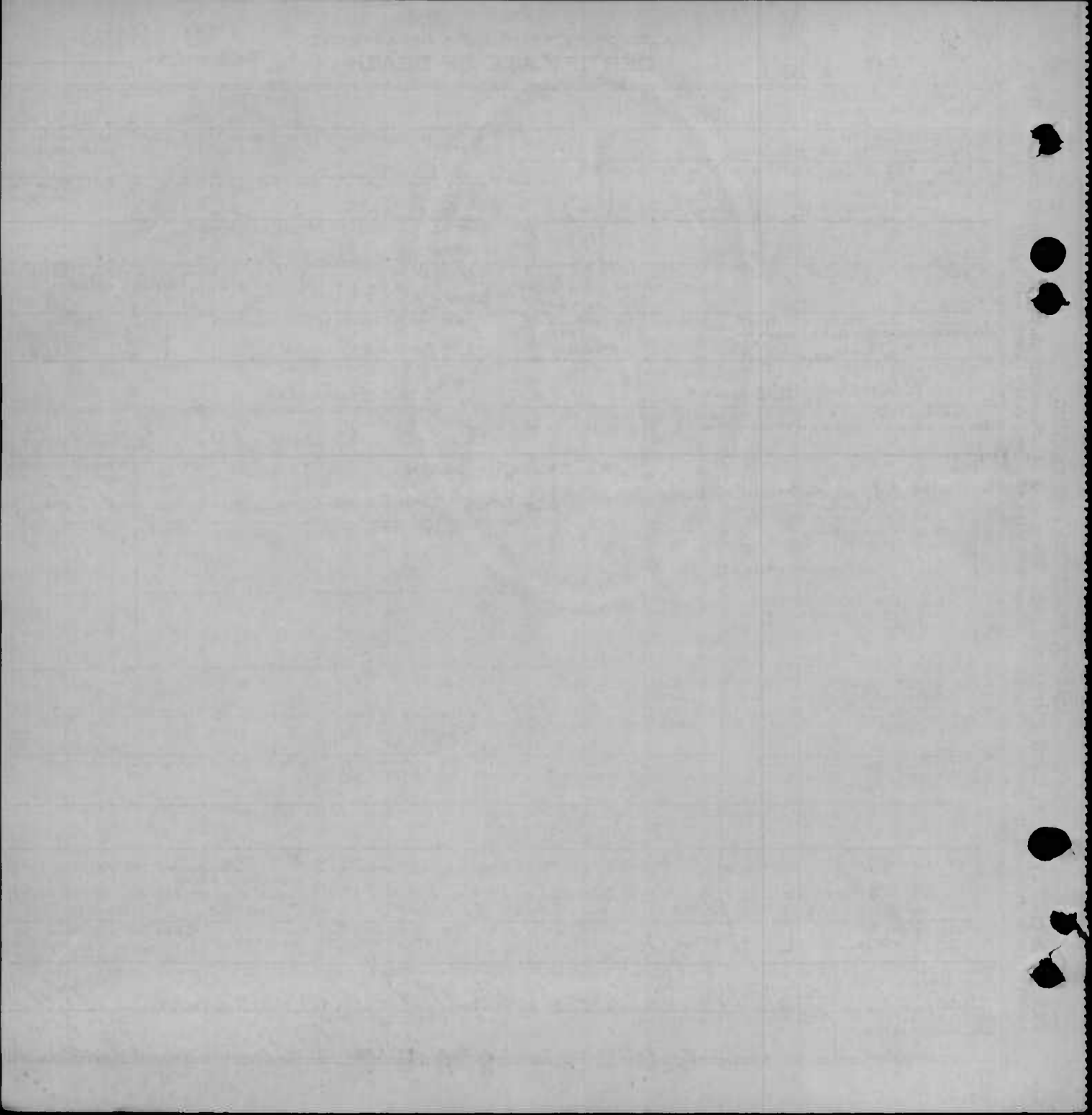
Mary Kate R. Williams Schroeder

MAY 17 1950

F. E. O. 110

2457

108 ✓



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MS 436419 530 50 2456		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 50 2456	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) John Gantt				2. DATE OF DEATH March 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1306 Harlem Ave.				16-02	
c. Length of stay in Baltimore life					
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 16, 1875		
9. AGE (In years last birthday) 74			10. Under 1 Year Months: Days:		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY LAUNDRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (Deceased)			14. MOTHER'S MAIDEN NAME (Deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records--B.C.H.--4940 Eastern Ave.			ADDRESS		
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO (A) Nephrosclerosis DUE TO (B) Uremia DUE TO (C)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-8 , 1950, to 3-14 , 1950, that I last saw the deceased alive on 3-14 , 1950, and that death occurred at 1:10 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Rogers		23B. ADDRESS B.C.H.--4940 Eastern Ave.		23C. DATE SIGNED 3-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-1950		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N Schroeder	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1950		REGISTRAR'S SIGNATURE William		129 50 9882 458	
131a					

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10-1-10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2457BIRTH NO. 50 24571. NAME OF DECEASED
(Type or Print)*Emilie Searle*2. DATE
OF
DEATH*Mar. 15, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2202 Maryland Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**12-07*

D. STREET ADDRESS (If rural, give location)

2202 Maryland Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *191X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Carcinoma Lo Leg- skin**4 yrs over*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Carcinomatosis**6 mo*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 1 -*, 1950, to *Mar 15*, 1950, that I last saw the deceased alive on *Mar 15*, 1950, and that death occurred at *9:00* m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall MD

M. D.

23B. ADDRESS

1631 E North Ave

13

23C. DATE SIGNED

Mar 16-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*burial**3/17/50**Green Mount**Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 17 1950**William H. Haggard**William H. Haggard**1217 S. Bond*

Letter in document file 50-2457 4/12/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

194X 50 2458
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address 2354 E. North Ave
(c) Hospital or institution: 00
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County 8-02
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2354 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Ada Rogers Crowther

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color of race white 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 - 1885

8. AGE: Years 64 Months Days hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

12. Name Samuel F. Smith

13. Birthplace

14. Maiden Name Eliza Powell

15. Birthplace

16 (a) Informant Mr Walter Crowther

(b) Address 2354 E. North Ave

17 (a) Burial (b) Date thereof 3/17/50
(Burial, cremation, or removal) (month, day, year)

(c) Cemetery or crematory Leadon Park
Location Baltimore

18 (a) Funeral director L. J. Luck

(b) Address 5305 Mayfield Road

19 (a) MAR 17 1950 (b) W. J. Williams
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 March 1950, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 29 May 1949 to 15 Nov 1950, and that I last saw him alive on 19 Aug 1949.

Immediate cause of death Myocardial infarct

Due to Arteriosclerosis

Due to Thyroid carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 0

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. J. Williams

Address 1513 N. M. Hill Ave Date signed 16 Mar 1950

Duration 2-3 wks

im know

brn mntly

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBBECCA TURPIN

2. DATE
OF
DEATH

3-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

824 N. Bond St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO;

7-05

c. Length of stay in Baltimore

40 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

824 N. Bond St.

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

4-25-1876

9. AGE (In years,
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES STANLEY

14. MOTHER'S MAIDEN NAME

MARY PERRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JAMES TURPIN 824 N. Bond St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

Hypertensive
cardio-renal disease
(curmian)

P yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

II

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Paralysis agitans

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 1949 to 3/15, 1950 that I last saw the
deceased alive on 3/14, 1950 and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

FATHER BROWNE, M.D.

23C. DATE SIGNED

3-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-19-50

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. County, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

William J. Williams

Joseph L. Locks, Jr. 1304 N. Central Ave

1008000000

RUSK
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2460

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Gertrude Rusk*2. DATE
OF
DEATH*3-15-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Providence Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*BALTO.**9-09*

D. STREET ADDRESS (If rural, give location)

1414 E. LANYALE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widowed*

8. DATE OF BIRTH

*Sept 20, 1907*9. AGE (In years
last birthday)*42*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*JANITRESS*10B. KIND OF BUSINESS OR
INDUSTRY*SCHOOL system*

11. BIRTHPLACE (State or foreign country)

*BALTO; Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SAMUEL H. JACKSON

14. MOTHER'S MAIDEN NAME

*ELIZABETH WATERS*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CARRIE Wilson 1414 E. LANYALE ST

18.

214X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Pulmonary Embolism*INTERVAL BETWEEN
ONSET AND DEATH*2 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Fibroid uteri

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-15-50

19B. MAJOR FINDINGS OF OPERATION

Fibroid uteri & Bilateral Oophoritis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-6*, 1950, to *3-15*, 1950, that I last saw the
deceased alive on *3-15*, 1950, and that death occurred at *6:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael

23B. ADDRESS

603 N. Vernal

23C. DATE SIGNED

*3-16-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

3-20-50

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL 5501 FREDERICK AVE

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 17 1950*

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Joseph W. Lock Jr. 1304 N. Central Ave

ADDRESS

OFFICE OF THE
COMMISSIONER OF DEATH

CONFIDENTIAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2461
Registered No. _____

50 2461- 95656
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Sam Szewskyck - Szem Szewczuk			2. DATE OF DEATH 3-15-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 39 yrs. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 5100 Curtis Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1 1 1 1869		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quintic Work			11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Charles			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ? Coronary occlusion DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES H A S C V D. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 3-18-50		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 8-24-45 , 19____, to 3-15-50 , 19____, that I last saw the deceased alive on Mar. 15 , 19____, 50 and that death occurred at 8.15AM , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 3-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 3-18-50		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) Balt.		24E. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24F. FUNERAL DIRECTOR ADDRESS 2306 Fort Ave.	

VS 150
MAR 17 1950

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10-1-58

1

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

10-1-58

W-410

50 2462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2462

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN F. WOLFF

2. DATE
OF
DEATH

3/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1402 Webster St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1402 Webster Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5/2/1880

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ship Joiner

10B. KIND OF BUSINESS OR
INDUSTRY

Booze Bros. SHIPBUILDING

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Wolff

14. MOTHER'S MAIDEN NAME

Margaret McGee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Chronic Myocardial Degeneration 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arteriosclerosis 2 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to March 15, 1950, that I last saw the
deceased alive on 3-15, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Hall

M. D.

23B. ADDRESS

707 Fort Ave.

23C. DATE SIGNED

3-17-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

Jas. L. McGee

ADDRESS

- 130 East Fort Ave.

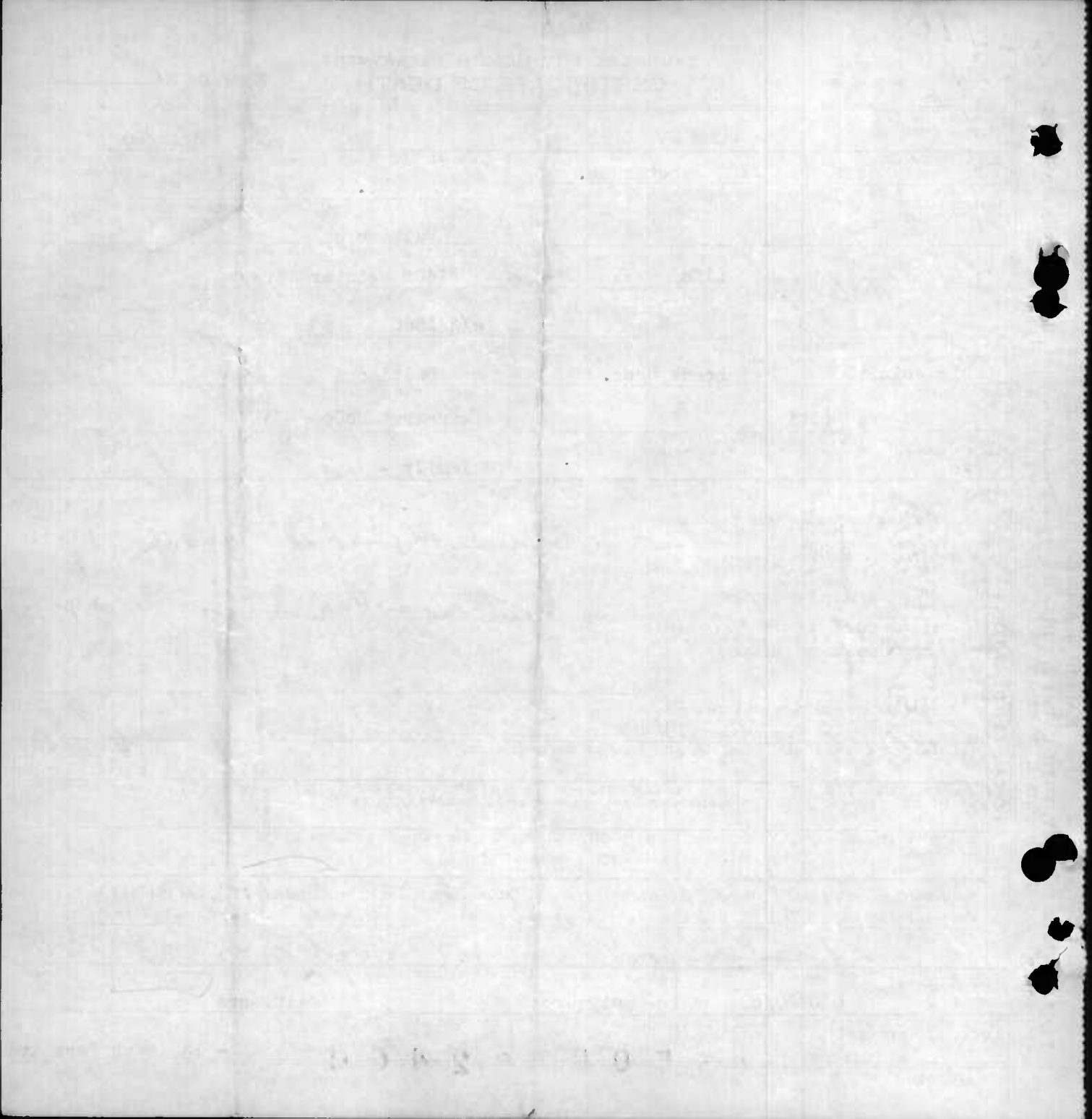
MAR 17 1950

308 4V

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2463
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Winfield

2. DATE
OF
DEATH

3-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

909 N. Spring St.-5

c. Length of stay in Baltimore

30 yrs.

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Oct. 25, 1885

9. AGE (In years

last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

13. FATHER'S NAME

George Wingfield

14. MOTHER'S MAIDEN NAME

Arie Walter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-13-1950, to Mar. 13, 1950, that I last saw the deceased alive on Mar. 13, 1950, and that death occurred at 9.30PM., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-18-50

Mt Calvary Cem A.A. Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

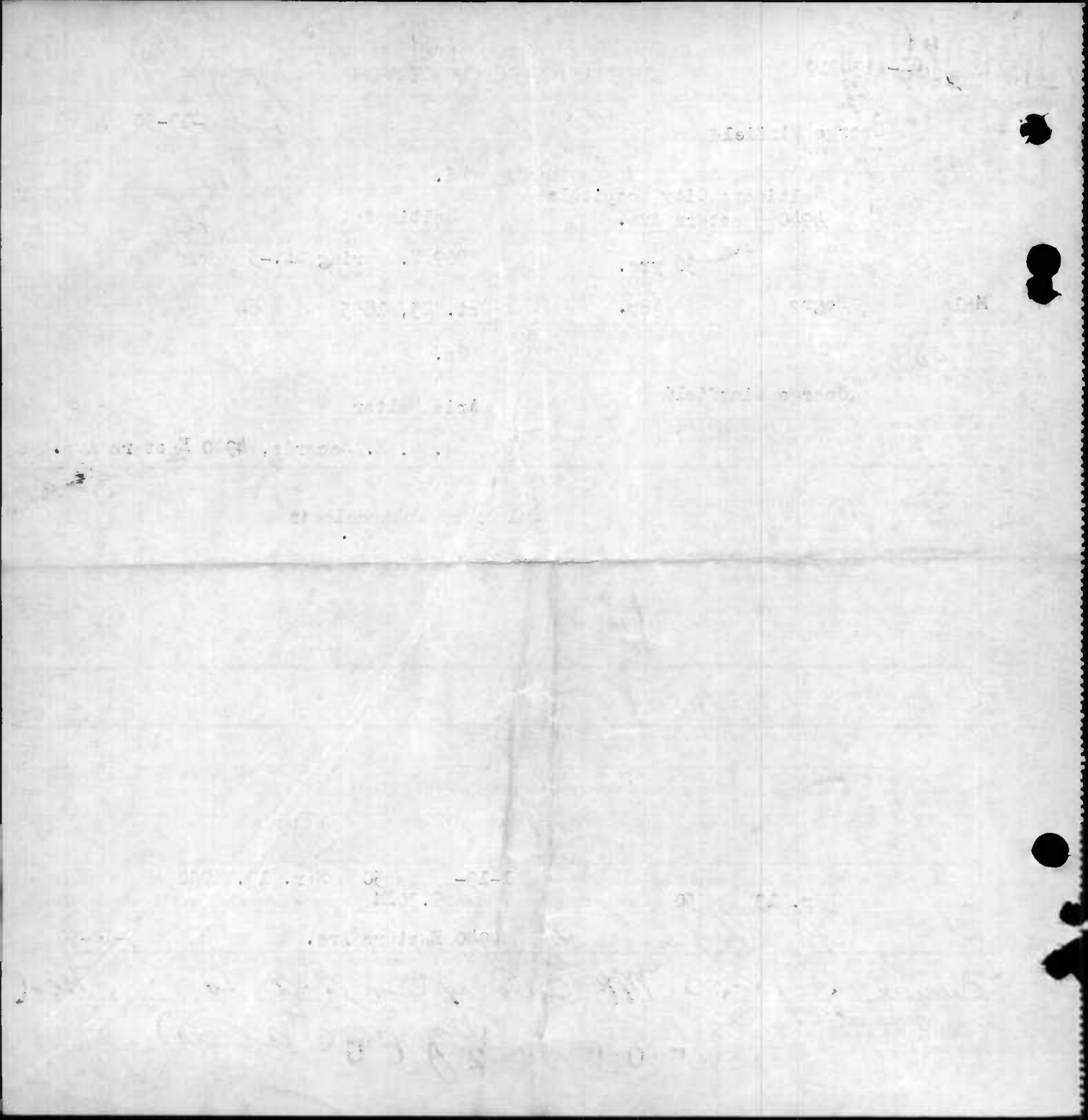
25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

Huntington Williams

Payner Sanders



F 652

50 2464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2464

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Edward France

2. DATE
OF
DEATH

17 March 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

50 5606 Birchwood Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5606 Birchwood Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug 16, 1862

9. AGE (In years last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter - Retired

10B. KIND OF BUSINESS OR INDUSTRY

Builder

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles A. France

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Harry Schultz - 3008 Rayston Ave

ADDRESS

18. 332 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

2 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis generalized.

20 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 March, 1950, to 17 March, 1950, that I last saw the deceased alive on 16 March, 1950, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Blume

23B. ADDRESS

3002 Harford Rd

23C. DATE SIGNED

17 March 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

E. North Ave. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Melville J. Blight, 6007 Harford Rd

ADDRESS

VS 150

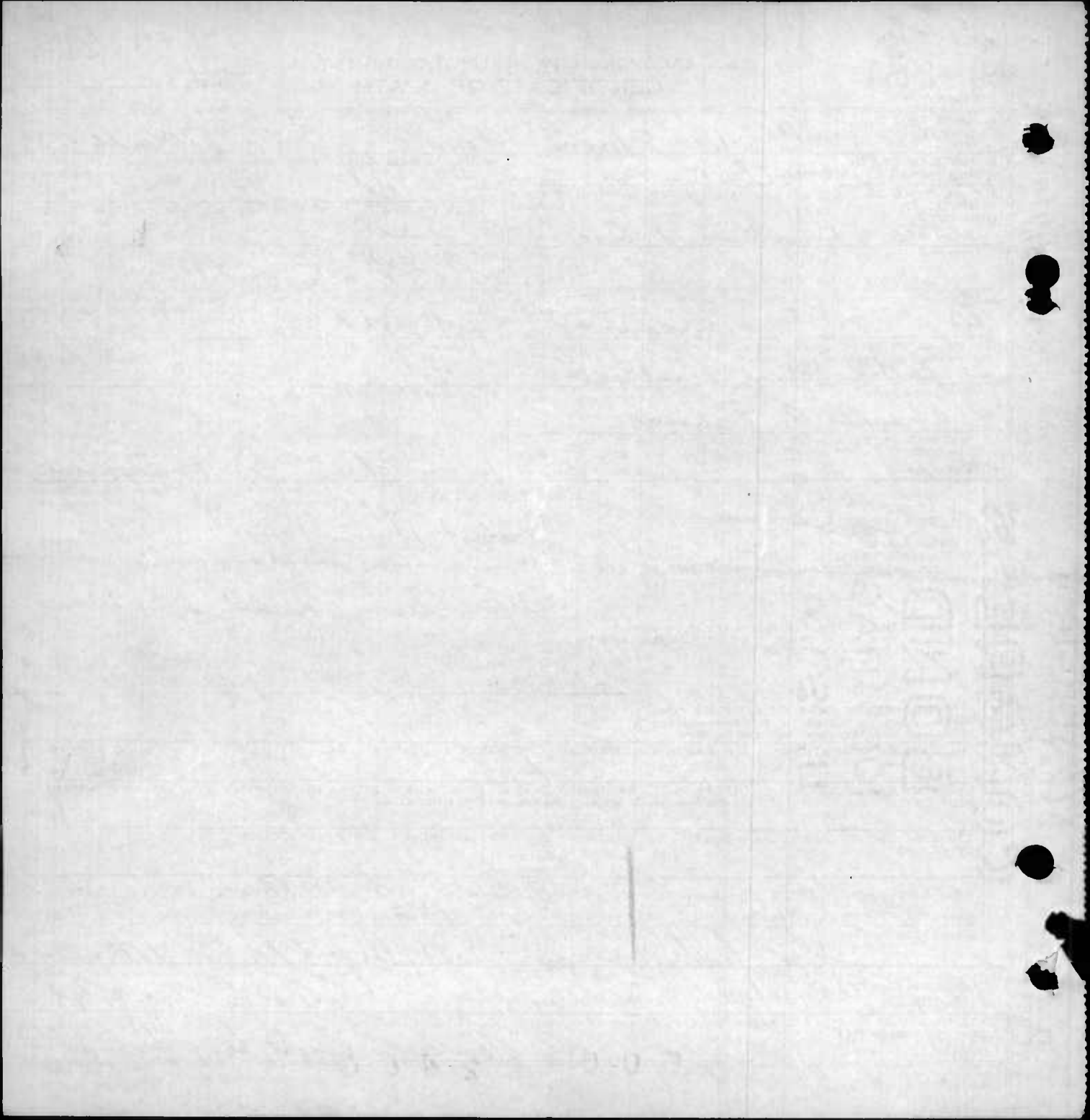
2466

83 B

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE M. DORSEY

2. DATE
OF
DEATH

3-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

2020 E. Biddle St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

8-07

D. STREET ADDRESS (If rural, give location)

2020 E. Biddle St.

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

10-28-75

9. AGE (In years,
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PENSIONER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MATILDA F. DORSEY 2020 E. Biddle

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) hypotensive cardio-
renal disease
DUE TO

? yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) cardiac decompensation
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:00, 1944 to 3-15-50, that I last saw the
deceased alive on 3-15-50, and that death occurred at 5:40 P.M. from the causes and on the date stated above.

23A. SIGNATURE

J. H. Brown

23B. ADDRESS

1500 EAST MADISON ST.
BALTIMORE, MD.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3-20-50

Mt. CALVARY

A.A. County, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

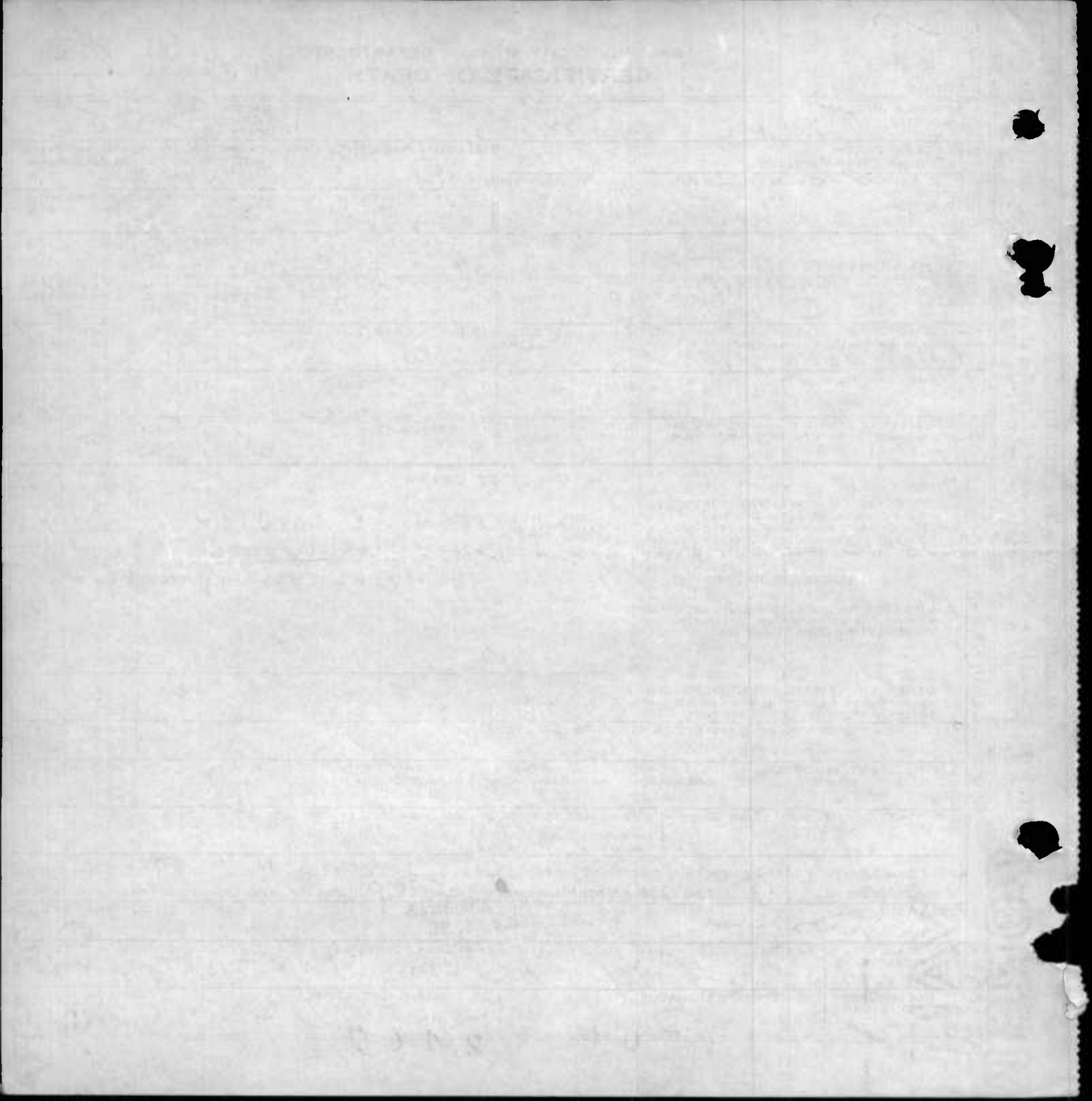
25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

J. H. Brown

Joseph B. Lock Jr. 1304 N. Central Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles K. Davis A-76740

2. DATE
OF
DEATH

MAR 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

PA.

V-35

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Chadds Ford

D. STREET ADDRESS (If rural, give location)

R.D. 1

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

8-28-46

9. AGE (In years
last birthday)

3

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware Co. Pa.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Davis

14. MOTHER'S MAIDEN NAME

Marial Zebbley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute lymphatic leukemia 2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-12-1950 to 3-17-1950, that I last saw the
deceased alive on 3-17-1950, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

David E. Rogers, M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

Marcus Hook

24D. LOCATION (City, town, or county)

Delaware Co. Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1950

William G. Johnston

222 Penn. ave

Ayrton Pa.

BRITISH AIR FORCE DEPARTMENT
CERTIFICATE OF DEATH

1. Name of the deceased

2. Service number

3. Date of death

4. Place of death

5. Cause of death

6. Name of the medical officer

7. Name of the commanding officer

8. Name of the chaplain

9. Name of the funeral director

10. Name of the registrar

11. Name of the undertaker

12. Name of the cemetery

13. Name of the burial place

50 2467
P-524 JL-136221
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2467
Registered No.

1. NAME OF DECEASED (Type or Print) William Nicholas Pensel			2. DATE OF DEATH 3-16-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION altimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1634 S. Charles St 2803 Huntington Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1907	9. AGE (in years last birthday) 43	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Order Cook			11. BIRTHPLACE (State or foreign country) Md.		
10B. KIND OF BUSINESS OR INDUSTRY Restaurant			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Pensel			14. MOTHER'S MAIDEN NAME Bessie Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. 214-03-4819		
17. INFORMANT B. C. H. Records			ADDRESS 4940 Eastern Ave. And		
18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Malignant Hypertension DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			CAUSE OF DEATH 2803 Huntington Ave - Baltimore, Md. INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Alzheimer's Disease					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1-50 , 19 50 , to Mar. 16 , 1950, that I last saw the deceased alive on Mar. 16 , 1950, and that death occurred at 5 PM m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 3-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mon, March 20, 1950		24C. NAME OF CEMETERY OR CREMATORY Balti U.S. Nat'l Cem.	
24D. LOCATION (City, town, or county) (State) Balti Md.		25. FUNERAL DIRECTOR P. Howard Evans		ADDRESS 1400 S. Charles St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1950		REGISTRAR'S SIGNATURE [Signature]		26. ADDRESS Balti 30, Ind - 84D	

72071

50
1
2
1929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 2468

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

RALPH T. CATLETT (M.T.)

2. DATE

OF DEATH

March 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

Yrs.

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

134 N. Pearl St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

CONST

8. DATE OF BIRTH

9. AGE (In years last birthday)

45

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

U. T. Catlett

14. MOTHER'S MAIDEN NAME

Allie Gowley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Kathryn Catlett Winston-Salem N.C.

ADDRESS

N.C.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-20-1950

24C. NAME OF CEMETERY OR CREMATORY

Walkertown

24D. LOCATION (City, town, or county)

Walkertown,

N.C.

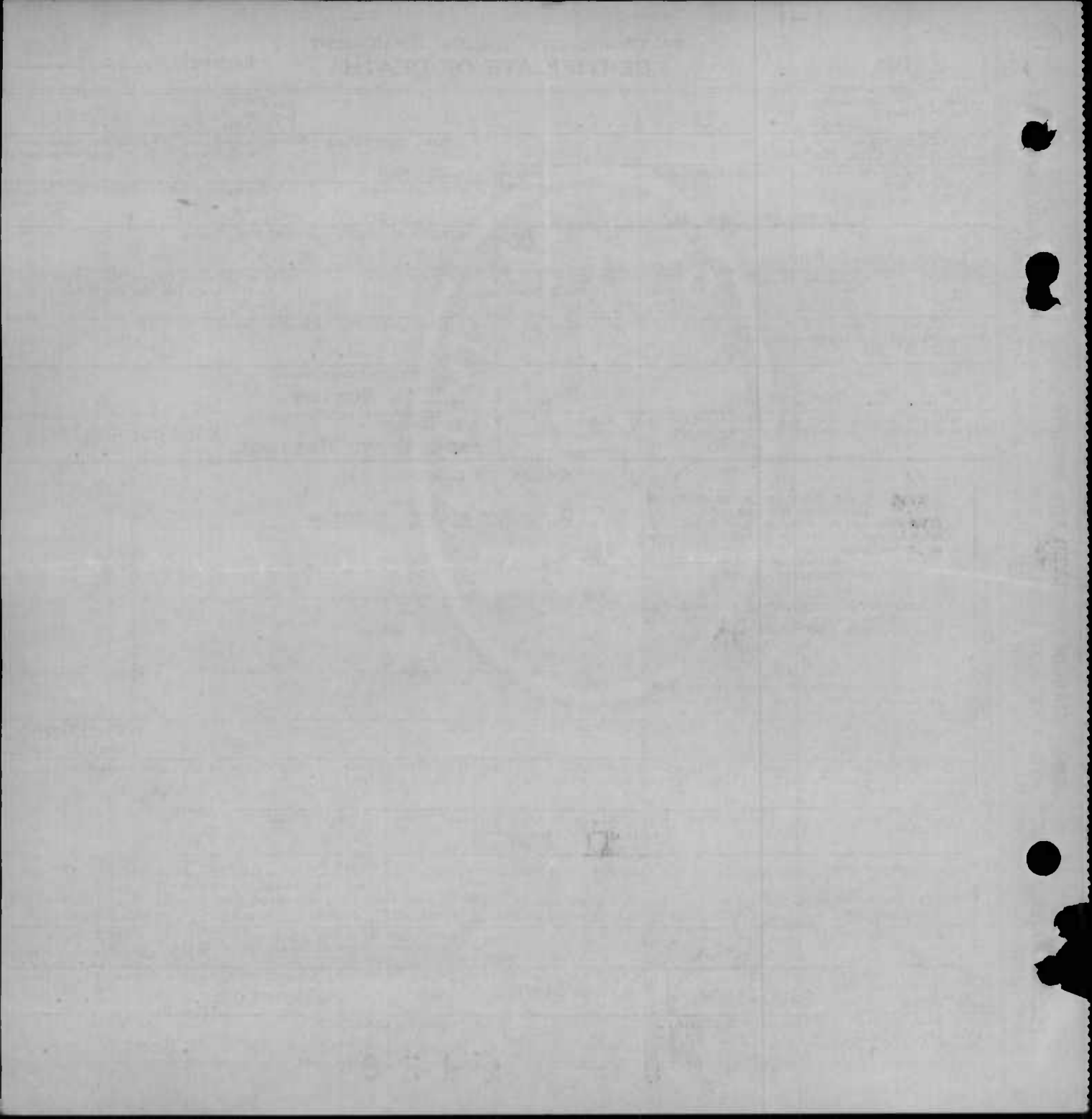
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,



The correct use of this form is explained on the reverse side. Every item of information should be filled in carefully and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2469

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Bond

2. DATE OF DEATH
March 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5225 St. Charles Ave.,

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5225 St. Charles Ave.,

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1865

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Jones

14. MOTHER'S MAIDEN NAME

Mary E. Leaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. S. Eugene Bond 5225 St. Charles A.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Broncho-pneumonia

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Anterior - Schrotos Heart Disease

- 6 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

- Ext Generalized Anterior Shunt 6 yrs.

19A. DATE OF OPERATION

None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug - 2, 1939, to March - 15, 1950, that I last saw the deceased alive on March - 15, 1950, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

- 4108 Liberty Hts.

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-18-50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1950

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

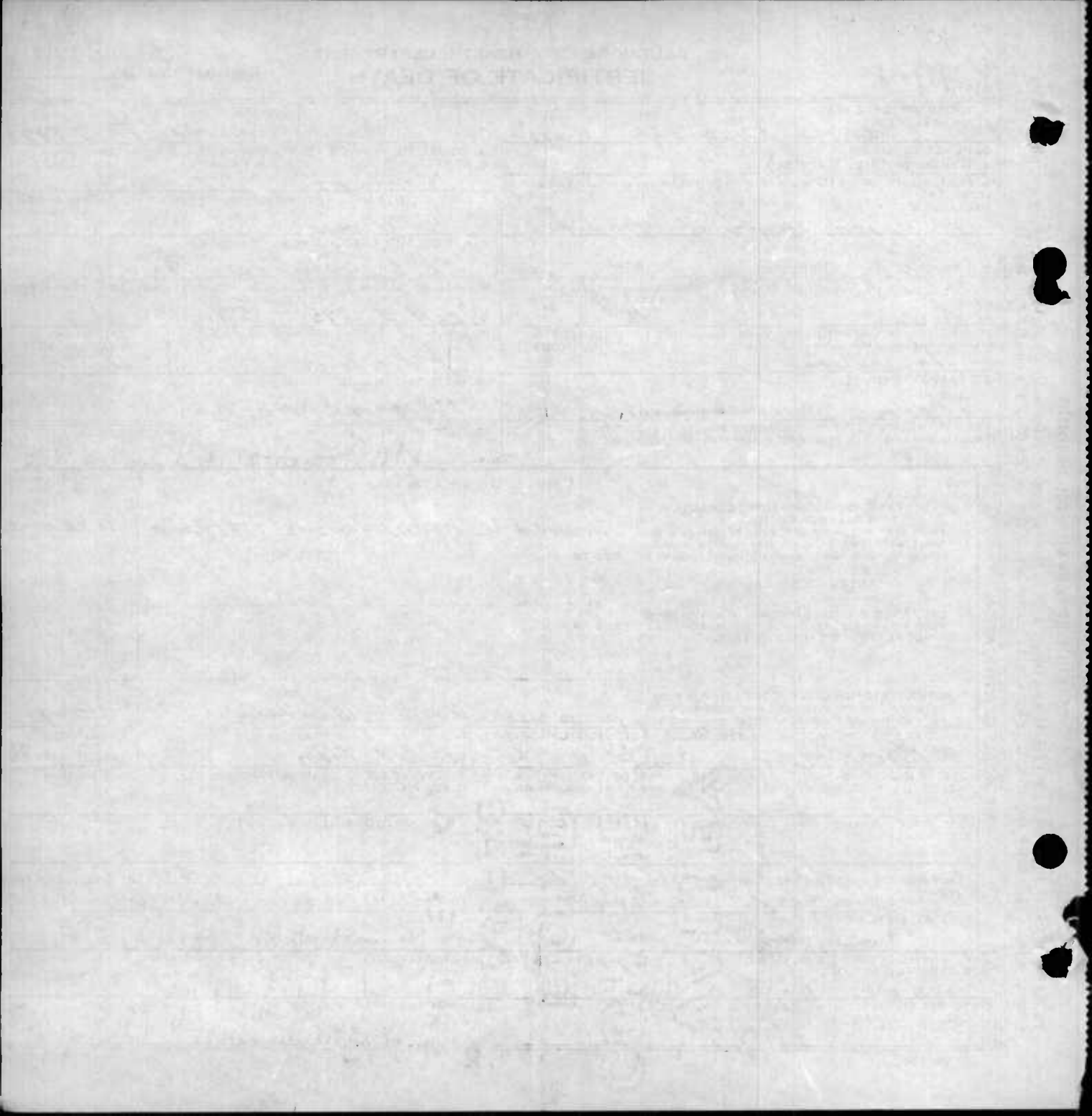
ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr. Carl L. Chambers.
4108 1st N Ave. Tel. 7525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2470BIRTH NO. 50 2470

1. NAME OF DECEASED (Type or Print) <u>Laura Elizabeth Rosier</u>				2. DATE OF DEATH <u>March 15, 1950</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>16-01</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore <u>54</u> Yrs. <u>54</u> Mos. <u>Days</u>				D. STREET ADDRESS (If rural, give location) <u>2616 Hampden Ave.</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>April 5, 1895</u>		9. AGE (In years last birthday) <u>54</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Thomas Ginneman</u>			
14. MOTHER'S MAIDEN NAME <u>Margaret Appleby</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS <u>Howard W. Rosier - 2616 Hampden Ave</u>			
18. <u>204.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute myelogenous leukemia</u> DUE TO				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mos.</u>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Acute Gastric Dilatation</u> DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Acute Gastric Dilatation</u>				1 day			
19A. DATE OF OPERATION <u>March 14, 1950</u>				19B. MAJOR FINDINGS OF OPERATION <u>Acute Gastric Dilatation</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>3:25 P.M.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>Frank Supple, III</u>				23B. ADDRESS <u>Union Memorial Hosp</u>		23C. DATE SIGNED <u>3/15/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>3-18-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24D. LOCATION (City, town or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1950</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>John P. Mullen - 2435 E. Oliver St</u>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-05931

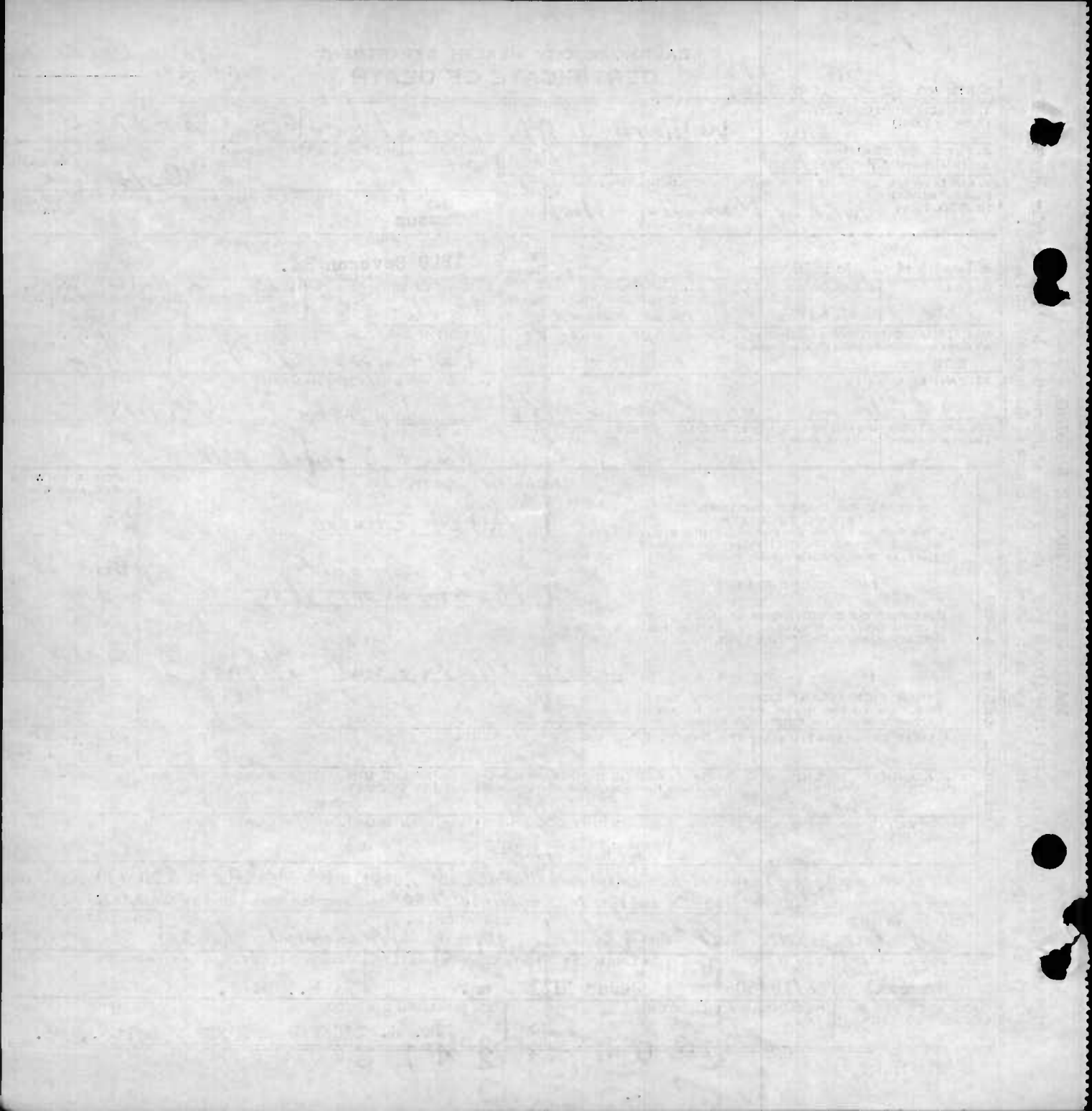
50 2471

1. NAME OF DECEASED (Type or Print) Baby William J. Mc Donald Jr.			2. DATE OF DEATH 3-17-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
C. Length of stay in Baltimore 1 Days			D. STREET ADDRESS (If rural, give location) 1820 Deveron Rd.		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) New Born	8. DATE OF BIRTH 3-16-50	9. AGE (In years last birthday) Months: 20 Days: 20	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore, MD.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William J. Mc Donald			14. MOTHER'S MAIDEN NAME Dorothy N. Willis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Wm. F. Stengel, MD.		
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO Pre maturity ANTECEDENT CAUSES Maternal DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Maternal Nephritis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 3 Mo.			INTERVAL BETWEEN ONSET AND DEATH 20 Hrs. Born at 8 mo.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) no			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY no	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? no			
22. I hereby certify that I attended the deceased from March 16, 1950 , to March 17, 1950 , that I last saw the deceased alive on March 17, 1950 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Stengel M.D.		23B. ADDRESS UNION Memorial Hosp		23C. DATE SIGNED 3-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3/18/50	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.		24D. LOCATION (City, town, or county) (State) Wash., D. C.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wm. J. Tickner		25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.

MAR 17 1950

50 0000 2473

159



P-456
50 2472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2472
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS WILLIAM PALMER			2. DATE OF DEATH March 17, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Va. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Falls Church		
c. Length of stay in Baltimore 4 days			D. STREET ADDRESS (If rural, give location) 1510 Pinewood Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/22/48		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, DC		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ray Palmer			14. MOTHER'S MAIDEN NAME Maude O'Flahardy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 193 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Postoperative state following craniotomy and partial removal of tumor, malignant, right cerebello-pontine angle, primary			INTERVAL BETWEEN ONSET AND DEATH 15 hrs. Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 3/16/50		19B. MAJOR FINDINGS OF OPERATION Ependymoma 4th ventricle	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 13, 1950 , to Mar. 17, 1950 , that I last saw the deceased alive on Mar. 17, 1950 , and that death occurred at 9:45 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.	
23C. DATE SIGNED 3/17/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-18-50	24C. NAME OF CEMETERY OR CREMATORY Washington Hall Park Falls Church, Va.	
24D. LOCATION (City, town, or county) (State) Wash. D. C.			
DATE RECEIVED BY LOCAL REGISTRAR Mar 17 1950		25. FUNERAL DIRECTOR ADDRESS 4812 1st Ave. N.E. Wash. D.C.	

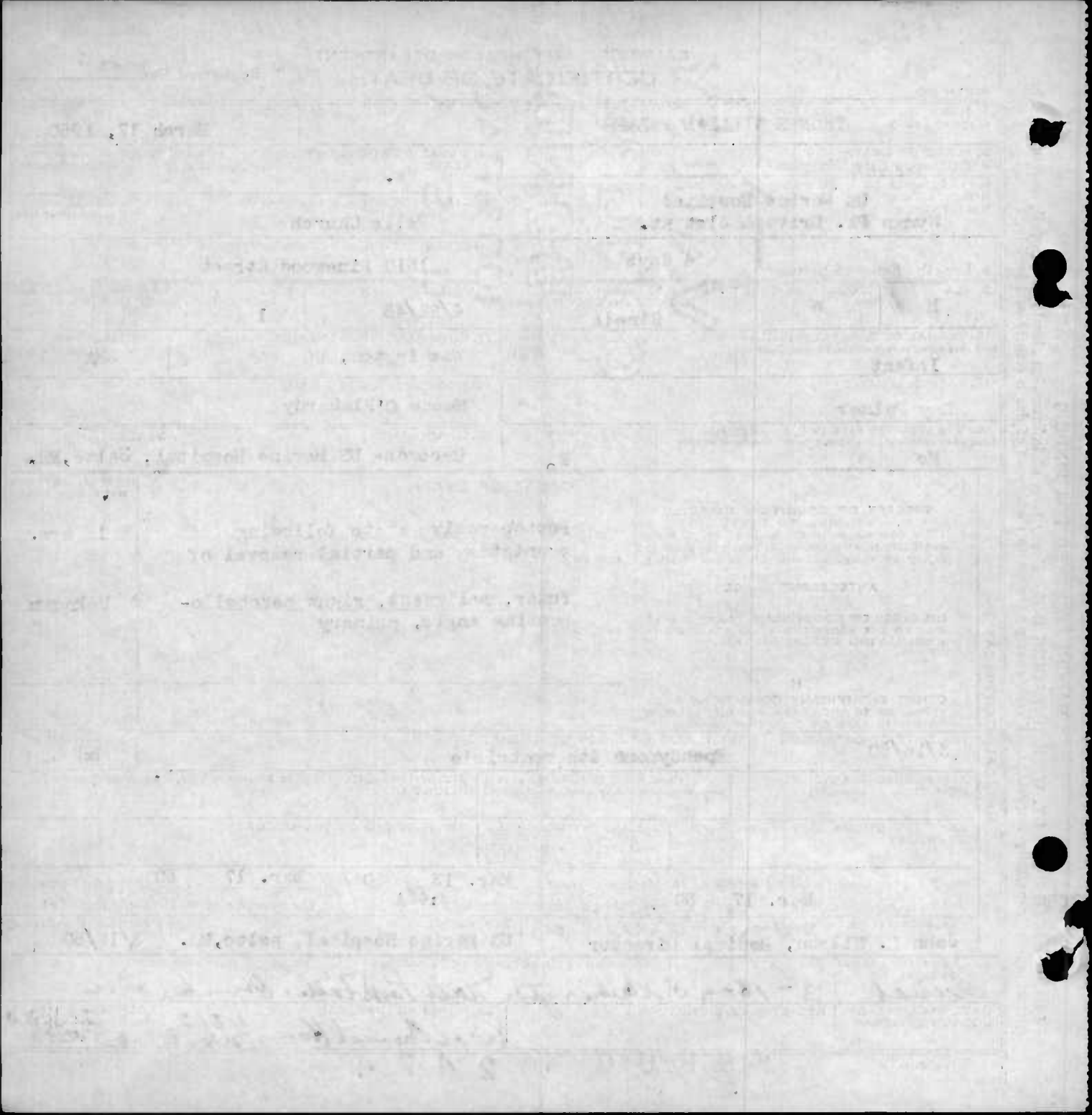
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

Huntington 002474

54B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2473**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Nancy E. Hines**2. DATE
OF DEATH**March 17, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2839 Winchester Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**16-07**

D. STREET ADDRESS (If rural, give location)

2839 Winchester St.

c. Length of stay in Baltimore

7 Years

5. SEX

FM

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/25/1866

9. AGE (In years last birthday)

83

If Under 1 Year: Months; Days; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Franklin Down

14. MOTHER'S MAIDEN NAME

Hannah Tillett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No**No**

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Chas. Hupp 2839 Winchester St.18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Coronary Thrombosis**

DUE TO

2-3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio sclerotic heart disease**

DUE TO

6 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/14** 19**43** to **3/17**, 19**50**, that I last saw the deceased alive on **3/16**, 19**50**, and that death occurred at **2:15 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Heibel

M. D.

23B. ADDRESS

1226 Hunner St

23C. DATE SIGNED

3/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Remove

24B. DATE

3/17/50

24C. NAME OF CEMETERY OR CREMATORY

Gutliph & Henderson

24D. LOCATION (City, town, or county)

New Ark Ohio

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

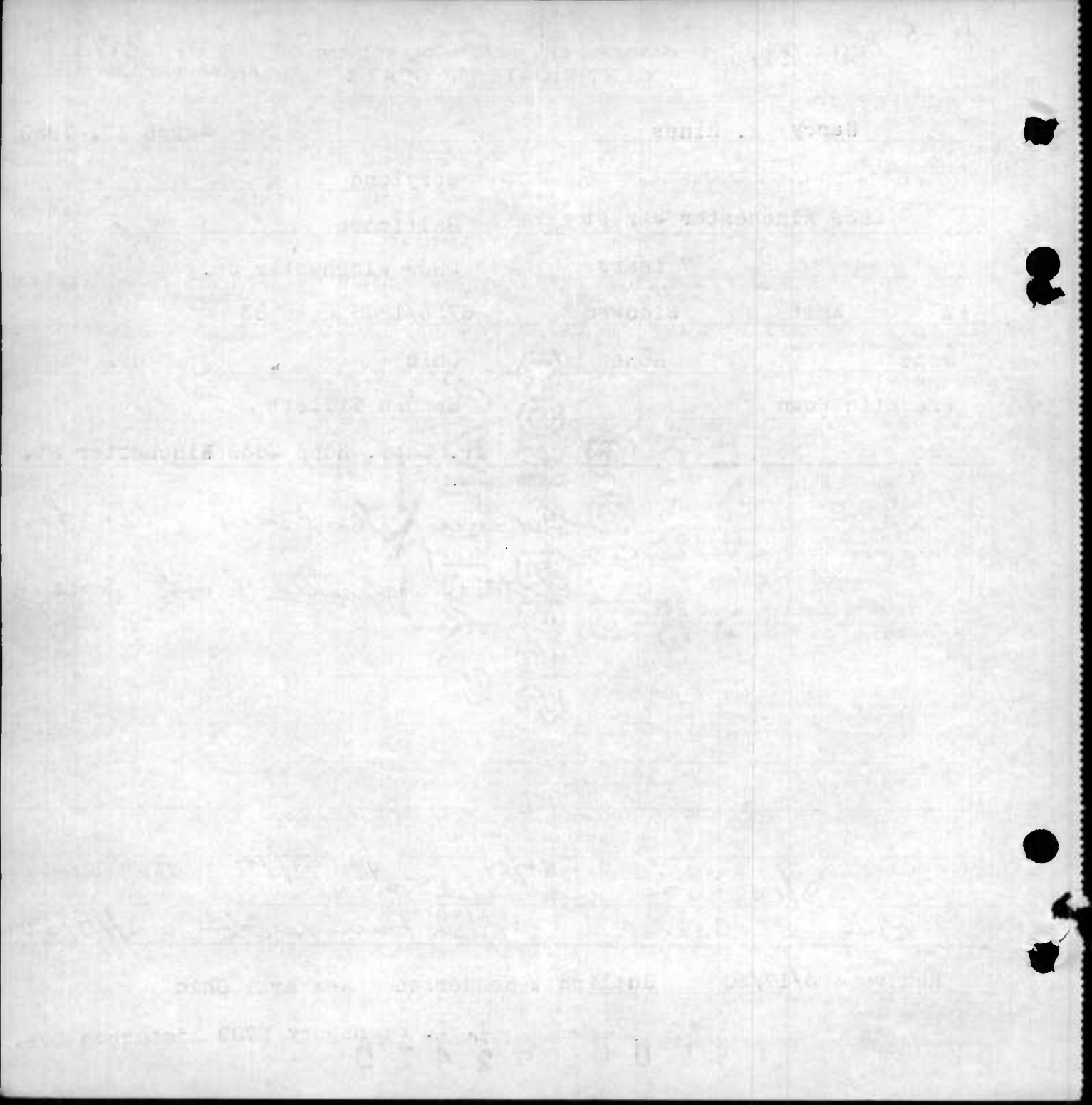
25. FUNERAL DIRECTOR

J. T. Stansbury 2700 Edmondson Ave.

ADDRESS

MAR 17 1950

1 905 0 0 0 2 4 7 5**93D**



T-500
50 2474

Toone

50 2474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) TOONE, WILLARD		2. DATE OF DEATH 3/16/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MO. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP. OF BALTO.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-04			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2103 ST. PAUL ST.			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1/15/90	9. AGE (In years last birthday) 60	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Black & Decker		11. BIRTHPLACE (State or foreign country) Mass.	
13. FATHER'S NAME William Toone		14. MOTHER'S MAIDEN NAME Ida (Unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-01-5958		17. INFORMANT ADDRESS Patricia A. Toone, 2103 St. Paul St.	
18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GENL. PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISRUPTION OF DUODENAL OPERATIVE CLOSURE					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUODENAL ULCER					
19A. DATE OF OPERATION 3/10/50		19B. MAJOR FINDINGS OF OPERATION PENETRATING DUODENAL ULCER		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/6/50 , 19__, to 3/16/50 , 19__, that I last saw the deceased alive on 3/16/50 , 19__, and that death occurred at 11 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul C. Wunbury		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 3/17/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/50		24C. NAME OF CEMETERY OR CREMATORY Moreland Park	
24D. LOCATION (City, town, or county) (State) Parkville Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1950		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St	

VS 150

326 37

117 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DECEASED

1912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2475

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sarah Bosford - (BASFORD)

2. DATE
OF
DEATH

3/17/50 -

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

3315 Chestnut Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-06

D. STREET ADDRESS (If rural, give location)

Maryland -

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Morgantown General Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 11, 1976

9. AGE (In years
last birthday)

43-

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland -

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Clinton Bosford

ADDRESS

Same -

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary decompensation

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13 1950, to 3/17 1950, that I last saw the
deceased alive on 3/17 1950, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/20/50

Woodlawn C.

Baltimore Co - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

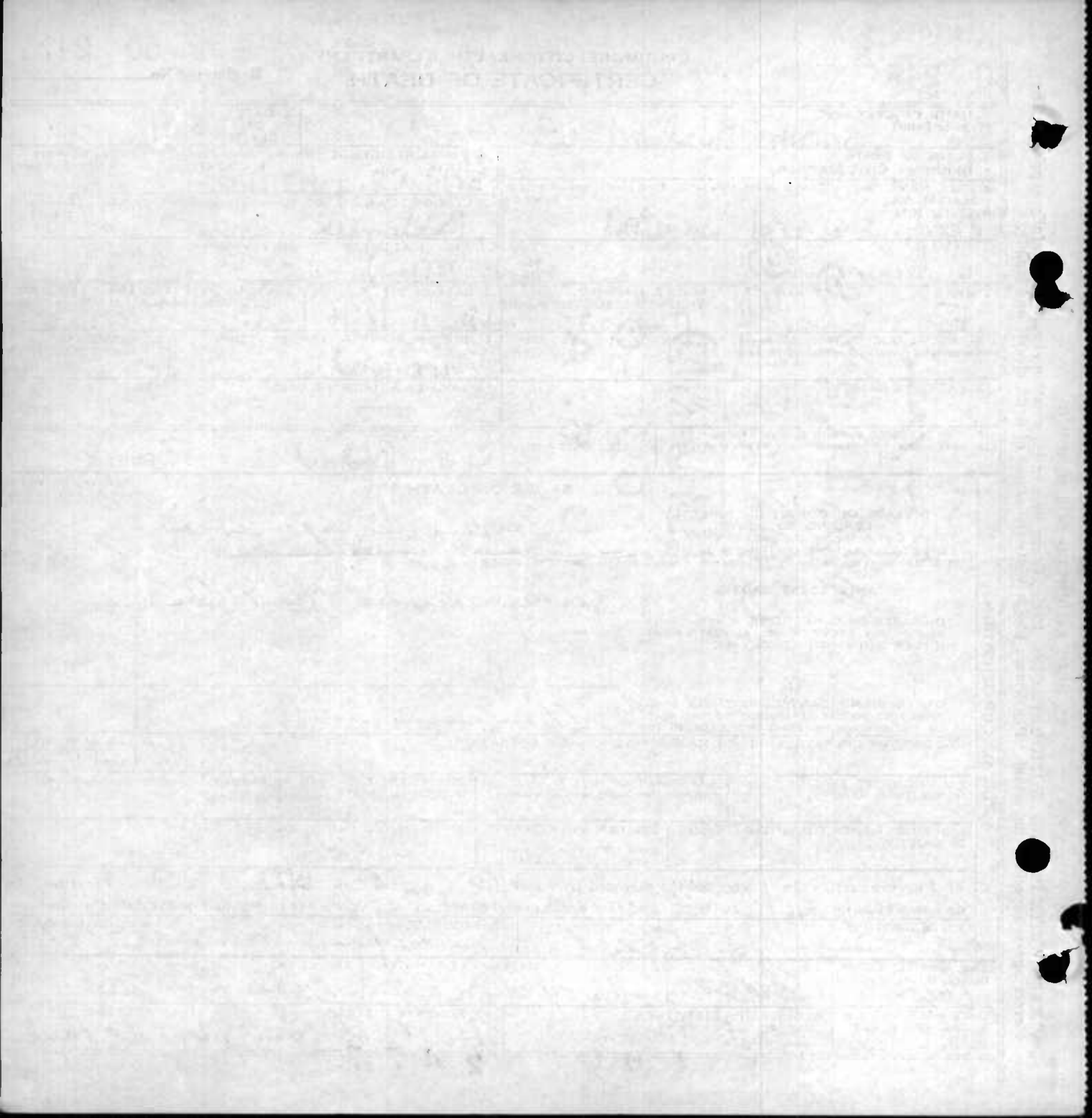
MAR 18 1950

Huntington Williams, M.D.

Wm. Cook, Inc. - 1217 St Paul

B-216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 2476

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles W. Anderson

2. DATE
OF DEATH

March 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Murray Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

508 Cathedral St

c. Length of stay in Baltimore

11

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

about 1905

9. AGE (In years,

last birthday)

44

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Drafter

533 Park Ave. #9285

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

(Unknown) Anderson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Unknown

16. SOCIAL

SECURITY NO.

577-16-3127

17. INFORMANT

Deceased

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 hr 30 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1950, to March 17, 1950, that I last saw the
deceased alive on March 17, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. B. Zed

M. D.

23B. ADDRESS

Murray Hospital

23C. DATE SIGNED

3/17/50

24A. BURIAL OR CREMA-
TION: REMOVAL (Specify)

24B. DATE

3/18/50

24C. NAME OF CEMETERY OR CREMATORY

Greenboro

24D. LOCATION (City, town, or county)

N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

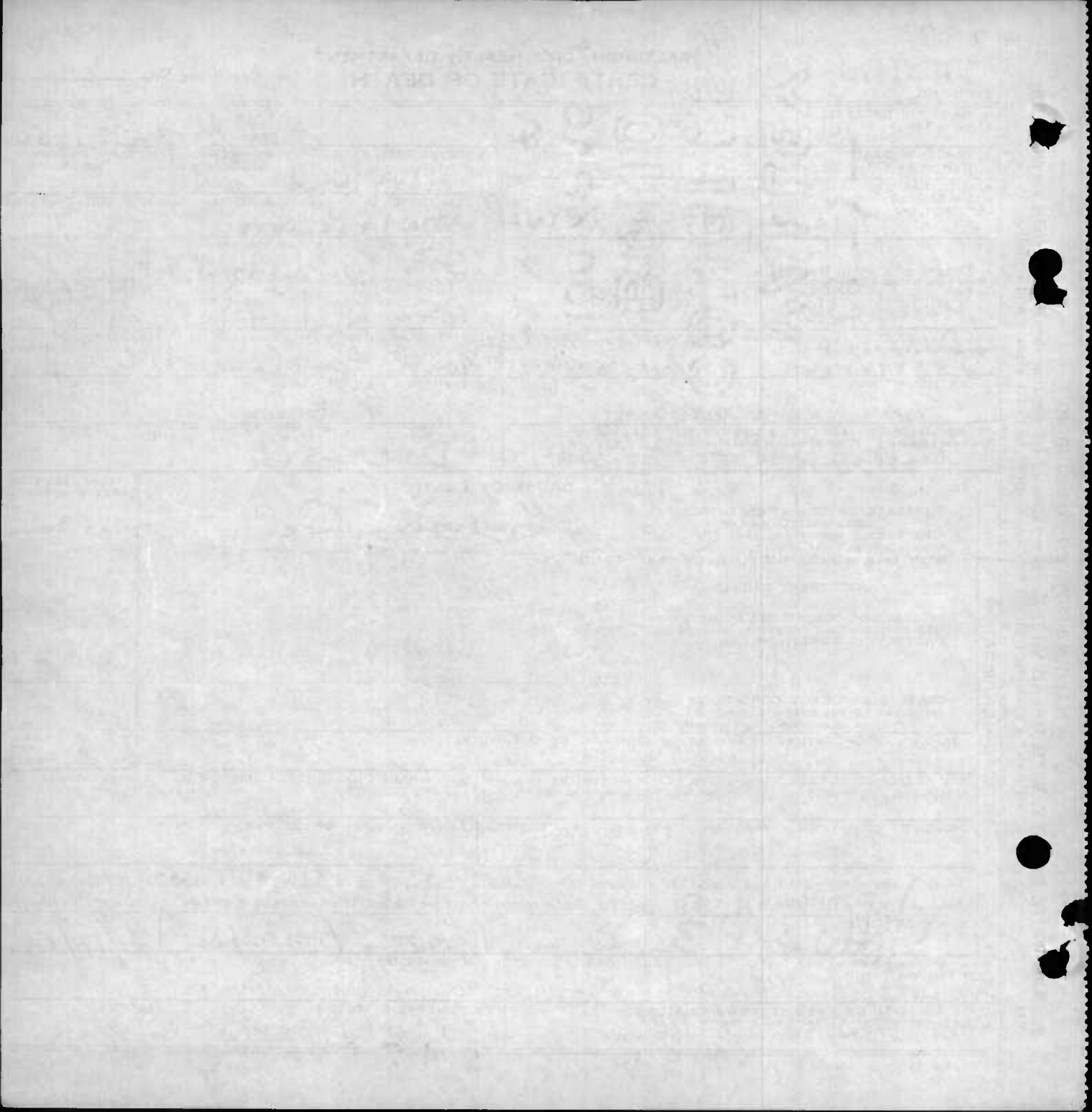
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

10th Crk Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 492 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/58, to 3/17/58, that I last saw the
deceased alive on 3/17/58, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK
COUNTY OF ALBANY

DECEASED

IN SENATE
JANUARY 1, 1900

ATTEST
JANUARY 1, 1900

IN SENATE
JANUARY 1, 1900

ATTEST
JANUARY 1, 1900

IN SENATE
JANUARY 1, 1900

ATTEST
JANUARY 1, 1900

W-220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2478

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY WASKIEWICZ

2. DATE
OF
DEATH

3/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

No.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

SINAI HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 2-01

D. STREET ADDRESS (If rural, give location)

2029 E. PRATT ST.

c. Length of stay in Baltimore

UNKNOWN

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

Yrs.
Mos.
Days

8. DATE OF BIRTH

9-15-1890

9. AGE (In years,
last day)

59

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? TANSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

ZIGMUND WASKIEWICZ

SAME

18. 366 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Probable intracranial hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Postoperative glossopharyngeal
nerve section for neuralgia

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/15/50

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/15/50, to 3/16, 1950, that I last saw the
deceased alive on 3/16, 1950, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

P. Leonard Desser

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

ST. MARYS

24D. LOCATION (city, town, or county) (State)

WILKES BARRE, PA.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1950

REGISTRAR'S SIGNATURE

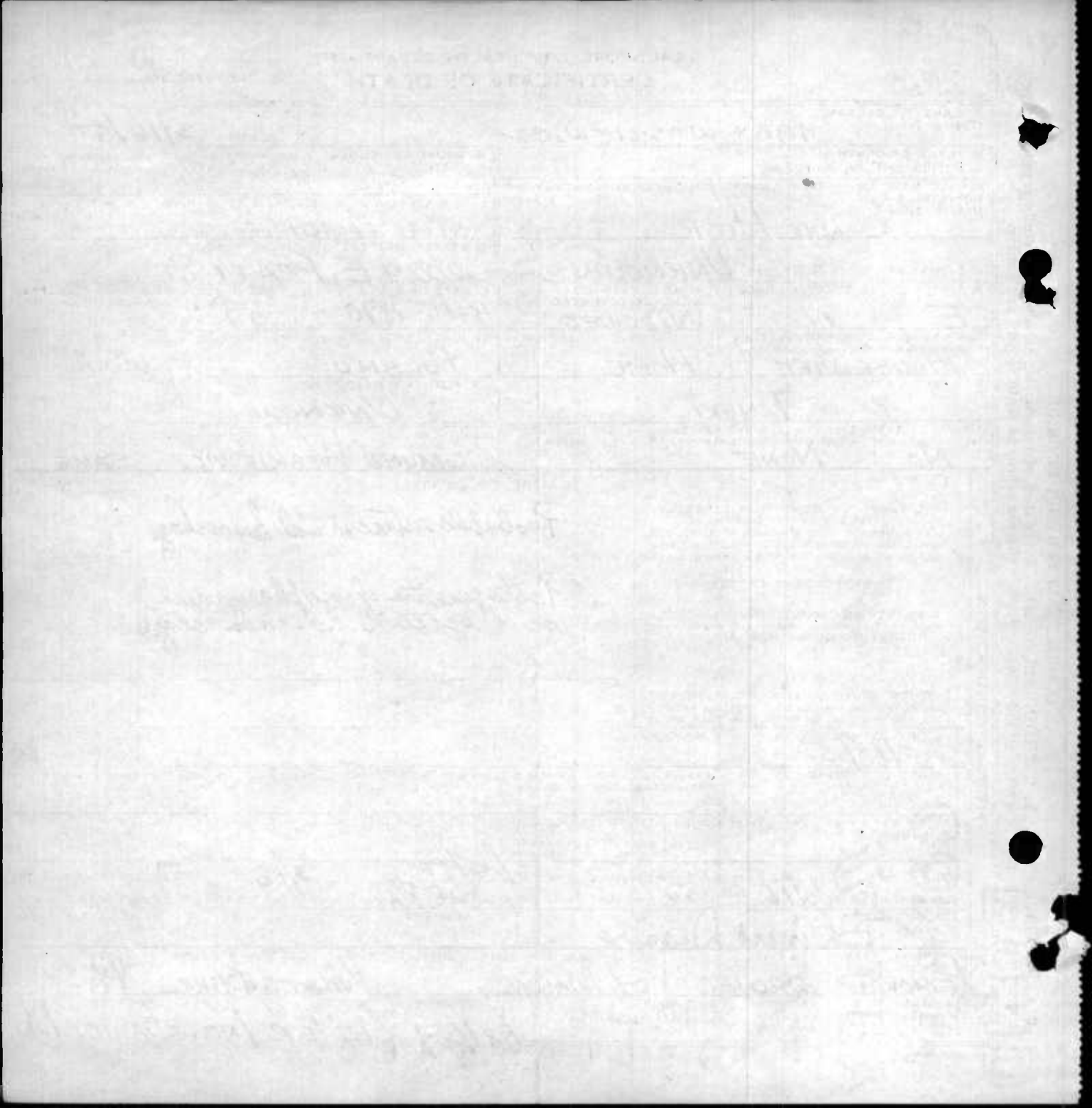
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Zeiler / HC. BALTO. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2479
Registered No.

BIRTH NO. 2479

1. NAME OF DECEASED (Type or Print) GERALD G. COVELL		2. DATE OF DEATH March 16, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 204 Fourth Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/2/1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOLDIER		10B. KIND OF BUSINESS OR INDUSTRY RETIRED	9. AGE (In years last birthday) 53
11. FATHER'S NAME Francis Covell		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Francis Covell		14. MOTHER'S MAIDEN NAME Kathleen O'Mara	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO.	
17. INFORMANT Betty Mae Covell		17. ADDRESS 204 4th Ave. SW Glen Burnie Md	

18. 4/20.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary artery Disease DUE TO (B) Arteriosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **H. J. Mc Clafferty** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **3/17/50**

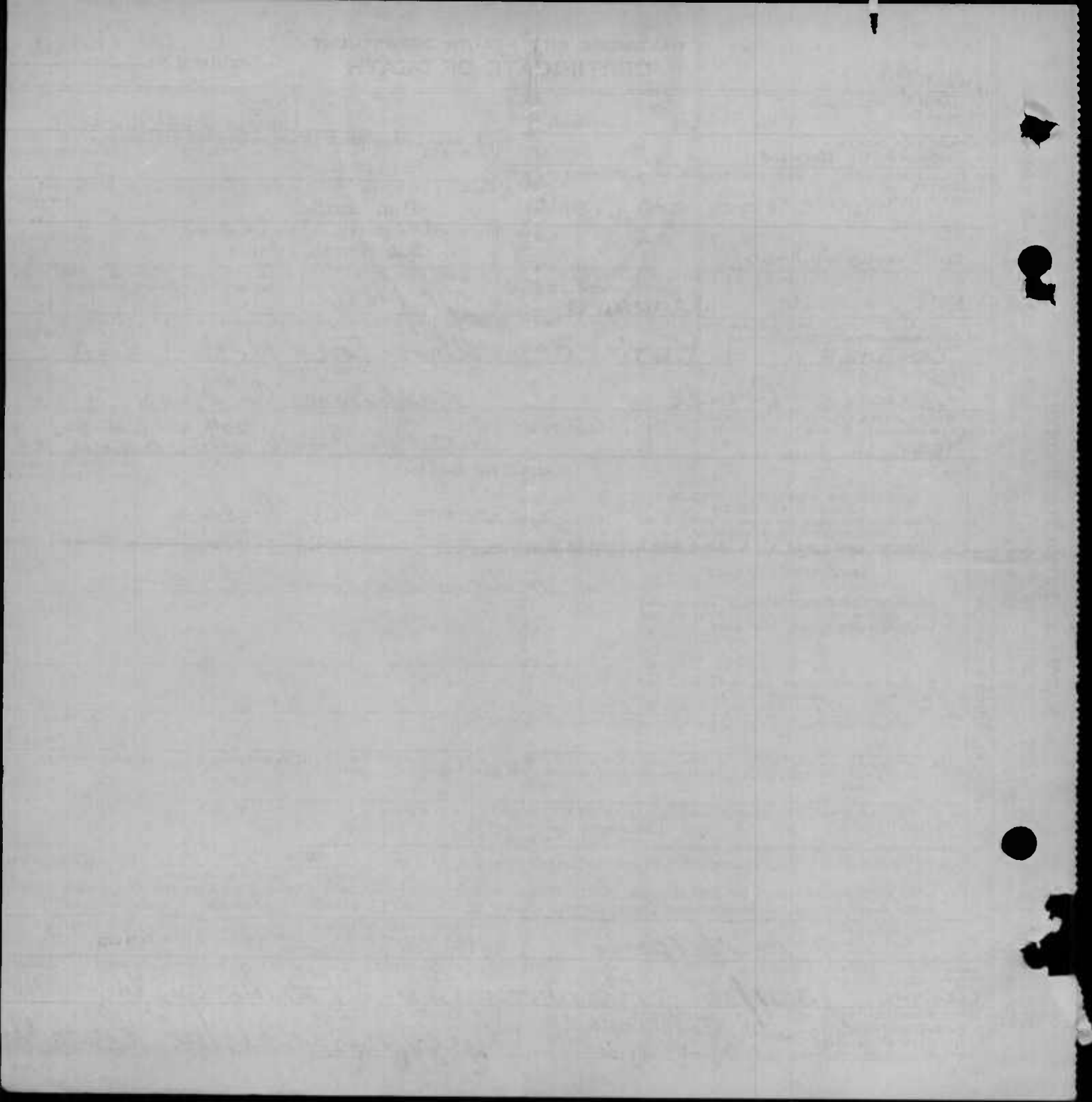
24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **3/21/50** 24C. NAME OF CEMETERY OR CREMATORY **FRLINGTON CEM.** 24D. LOCATION (City, town, or county) (State) **FRLINGTON, VA.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 18 1950** REG. AR'S SIGNATURE **William M. Miller** 25. FUNERAL DIRECTOR **LILLY & ZEILER INC.** ADDRESS **BALTO. MD**

VS 151 **608 962 4/0** **94a**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2480

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary May Butler Lee

2. DATE
OF
DEATH

March 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1930 Mt. Royal Terrace

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 13-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1930 Mt. Royal Terrace

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 25, 1867

9. AGE (In years last birthday)

82

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Towson, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel E. Butler

14. MOTHER'S MAIDEN NAME

Mary Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Thomas B. Butler-10 Whitfield Rd.

18. 337X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Cerebral Thromboses

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

DUE TO

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Adenocarcinoma fundus uteri

unknown

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 13, 1949, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 5:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard D. Halim

23B. ADDRESS

1823 Park Avenue

23C. DATE SIGNED

March 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/18/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Mitchell, Inc.

ADDRESS

1900 Eutaw Place

CERTIFICATE OF DEATH

10/10/1960

10/10/1960

10/10/1960

10/10/1960

10/10/1960

10/10/1960

10/10/1960

10/10/1960

10/10/1960

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10/10/1960

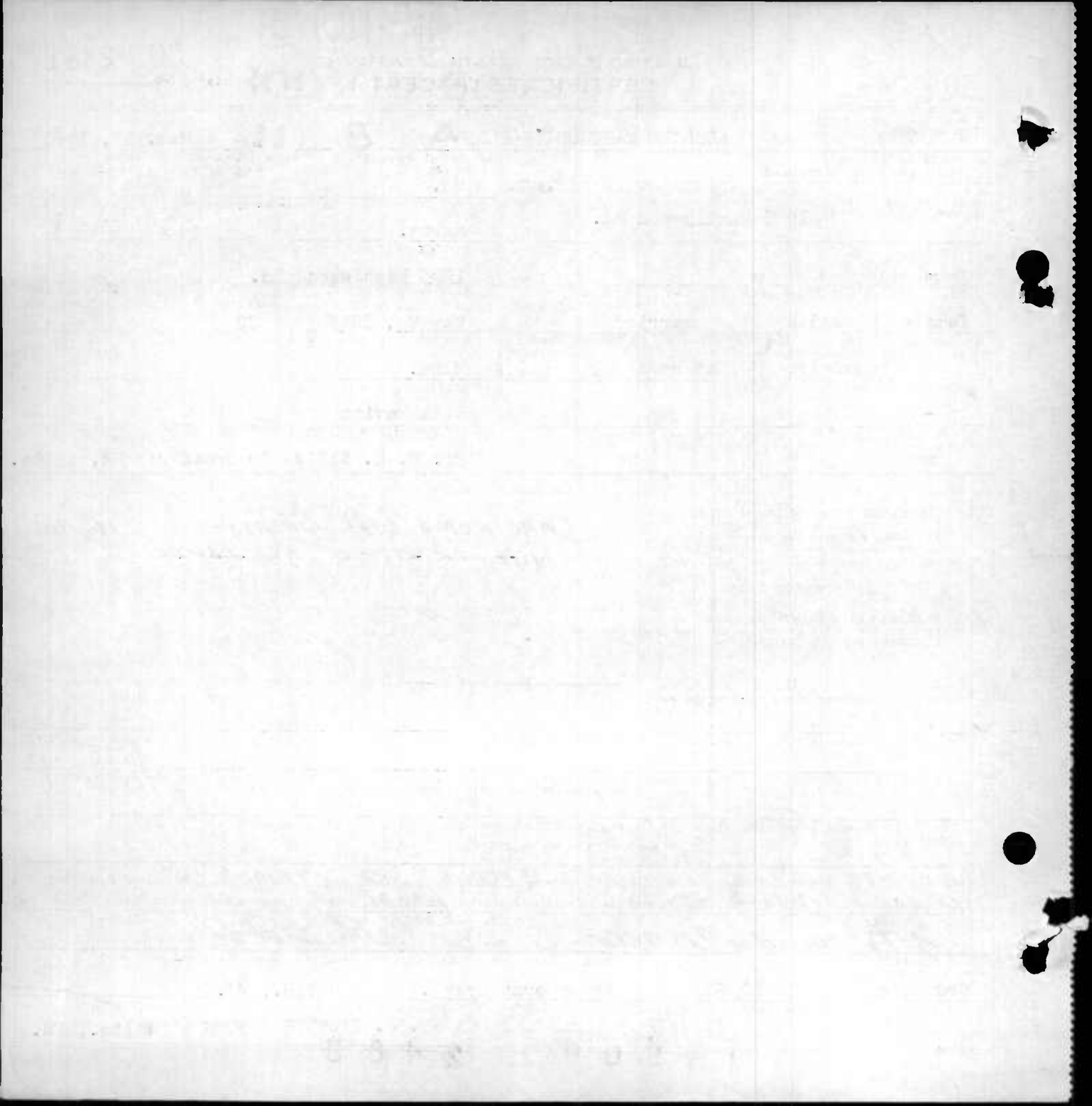
10/10/1960

10/10/1960

10/10/1960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2481
Registered No.50 2481
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			ADELINE MARGUERITE ELLIS			2. DATE OF DEATH			Mar. 17, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1906 Ramblewood Rd.						C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 27-08A					
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) 1906 Ramblewood Rd.					
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 24, 1887		9. AGE (In years last birthday) 62		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Minn.				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME - Dubuque						14. MOTHER'S MAIDEN NAME Ella Pavitt					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. W. H. Ellis 60 Broadship Rd. Balto.					
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMA Left Breast DUE TO With Metastasis Generalized INTERVAL BETWEEN ONSET AND DEATH Months											
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 15 March, 1950, to 17 March, 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 1:20 A.M., from the causes and on the date stated above.											
23A. SIGNATURE W. J. Tickner & Sons						23B. ADDRESS 514 Cathedral St.			23C. DATE SIGNED		
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 3/20/50		24C. NAME OF CEMETERY OR CREMATORY Greenmount Crem.		24D. LOCATION (City, town, or county) Balto., Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1950		REGISTRAR'S SIGNATURE Wm. J. Tickner & Sons				25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2482

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Gray

2. DATE
OF
DEATH

March 16/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 18 78

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Paper Box (M) Industry

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

Unknown

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

213-12-0547

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of stomach

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Austin M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

C. D. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Burrill Marie Wright - 721 Augusta St

ADDRESS

VS 150

Med. Exp. Case 9500

95012 approved

46B

NOT A MEDICAL EXAMINER'S CASE

Dr. C. J. Tubinski

per. *R. J. Fisher* M.D.

CHIEF OR ASST. MEDICAL EXAMINER

R-316
50 2483BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2483
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn R. Reitober

2. DATE
OF
DEATH

March 16 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

00 3038 Hudson St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1-01

D. STREET ADDRESS (If rural, give location)

3038 Hudson St.

c. Length of stay in Baltimore

11 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 15 1902

9. AGE (In years
last birthday)

47 48

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Riggs

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Reitober 3038 Hudson St.

18. 434.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

78.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1902, to 3/16/50, that I last saw the
deceased alive on 3/15/50, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 20/50

Holy Redeemer

Belair Road

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1950

Huntington Williams

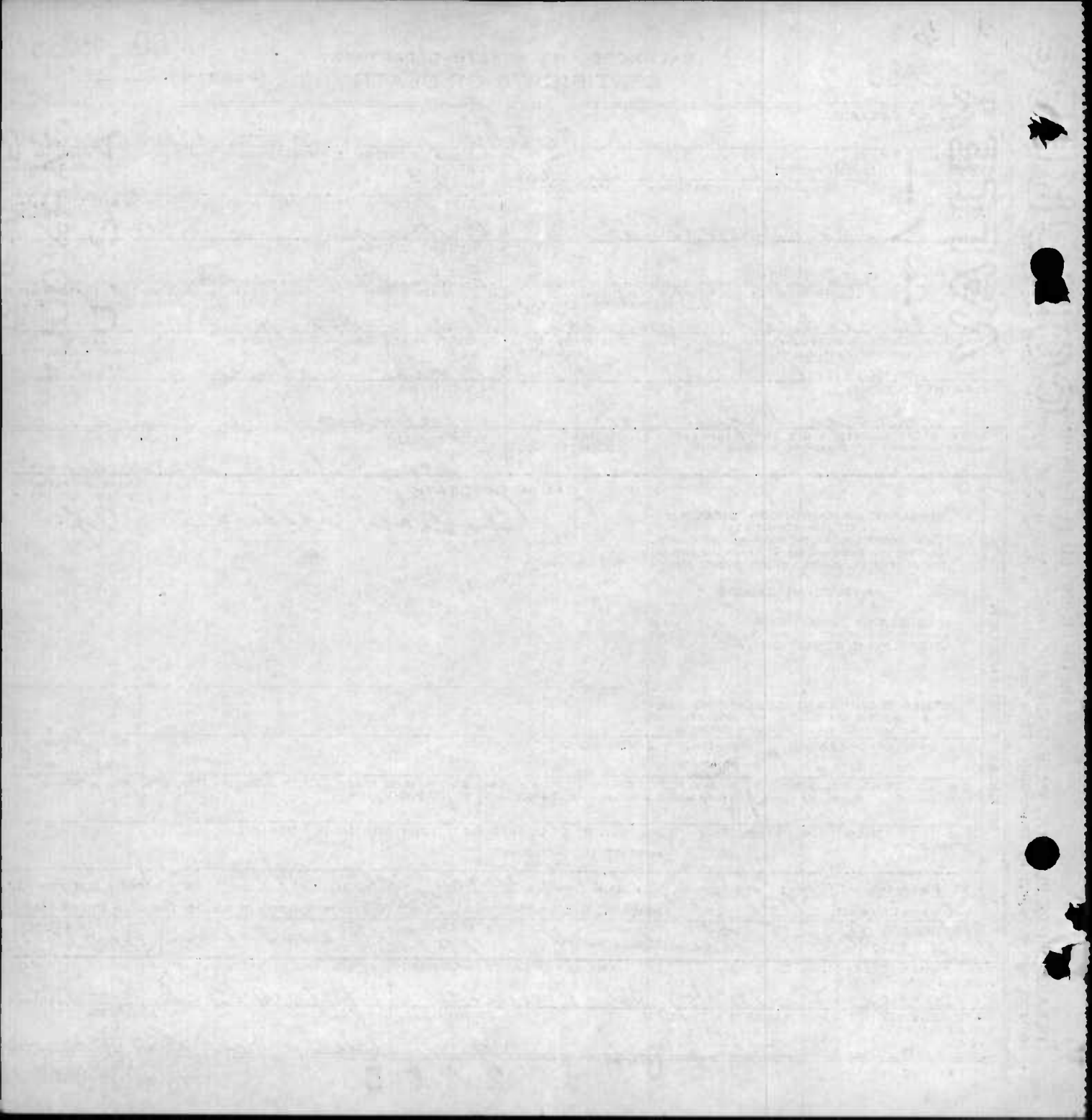
John J. Duda Inc. 2829 Hudson

VS 150

2405

95c

St.



C-600
50 2484BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2484
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE ERNEST CRUE

2. DATE
OF
DEATH

MAR. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

447 E. 25th STREET

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-03

D. STREET ADDRESS (If rural, give location)

447 E. 25th STREET

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 30, 1896

9. AGE (In years
last birthday)

53

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

POWER SHovel OPERATOR

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EDWARD CRUE

14. MOTHER'S MAIDEN NAME

QUEEN L. HARRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

W. W. I.

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS. LAWRENCE E. CRUE - ADDRESS
447 E. 25th ST. BALTIMORE, MD.

18.

181 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

Extreme Malnutrition

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Generalized Metastasis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Carcinoma of Bladder

June '1949

19A. DATE OF OPERATION

June '49

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Bladder

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to March 15, 1950, that I last saw the
deceased alive on March 14, 1950, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Carr Jr.

M. D.

23B. ADDRESS

6007 York Road

23C. DATE SIGNED

3/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 18, 1950

24C. NAME OF CEMETERY OR CREMATORY

SATER'S CEMETERY

24D. LOCATION (City, town, or county) (State)

LUTHERVILLE, BALTO. CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1950

REGISTRAR'S SIGNATURE

T. Williams, M.D.

25. FUNERAL DIRECTOR

JOHN BURNS' SONS, TOWSON, MD.

ADDRESS

VS 150

1695002486

52 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Carr
6007 York Rd.

DECLARATION OF FAITH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 2486

BIRTH NO. 50 2486

1. NAME OF DECEASED (Type or Print) THELM A-R-SIPES				2. DATE OF DEATH 3-16-50			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Balto			
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halethorpe 5300			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 5616 Oakland Rd - 27			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 12-20-1935		9. AGE (In years last birthday) 14	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY Dr. School		11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Sipes				14. MOTHER'S MAIDEN NAME Rosalie Stein			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT John W. Sipes		ADDRESS Same	
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Lymphatic Leukemia (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH 5 mos			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Congestion (C) DUE TO							
19A. DATE OF OPERATION 3		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-11- , 19 50 , to 3-16- , 19 50 , that I last saw the deceased alive on 3-16 , 19 50 , and that death occurred at 9:50 p.m., from the causes and on the date stated above.							
23A. SIGNATURE W. H. Williams M. D.				23B. ADDRESS University Hosp.		23C. DATE SIGNED 3-16-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/50		24C. NAME OF CEMETERY OR CREMATORY Western View Bldg		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1950		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR F. B. Wipke		ADDRESS 700 E. ...	

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LA 13

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2487

Registered No. _____

BIRTH NO. 50 2487

1. NAME OF DECEASED (Type or Print) <i>Lora Bostick</i>			2. DATE OF DEATH <i>March 16, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>10-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00 1024 Sterling St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>2 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1024 Sterling St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 7, 1895</i>	9. AGE (in years last birthday) <i>55</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>M.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Allen Cole</i>			14. MOTHER'S MAIDEN NAME <i>Artie Cole</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Bessie Harris Scott 1024 Sterling St.</i>		

18. <i>174 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of uterus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

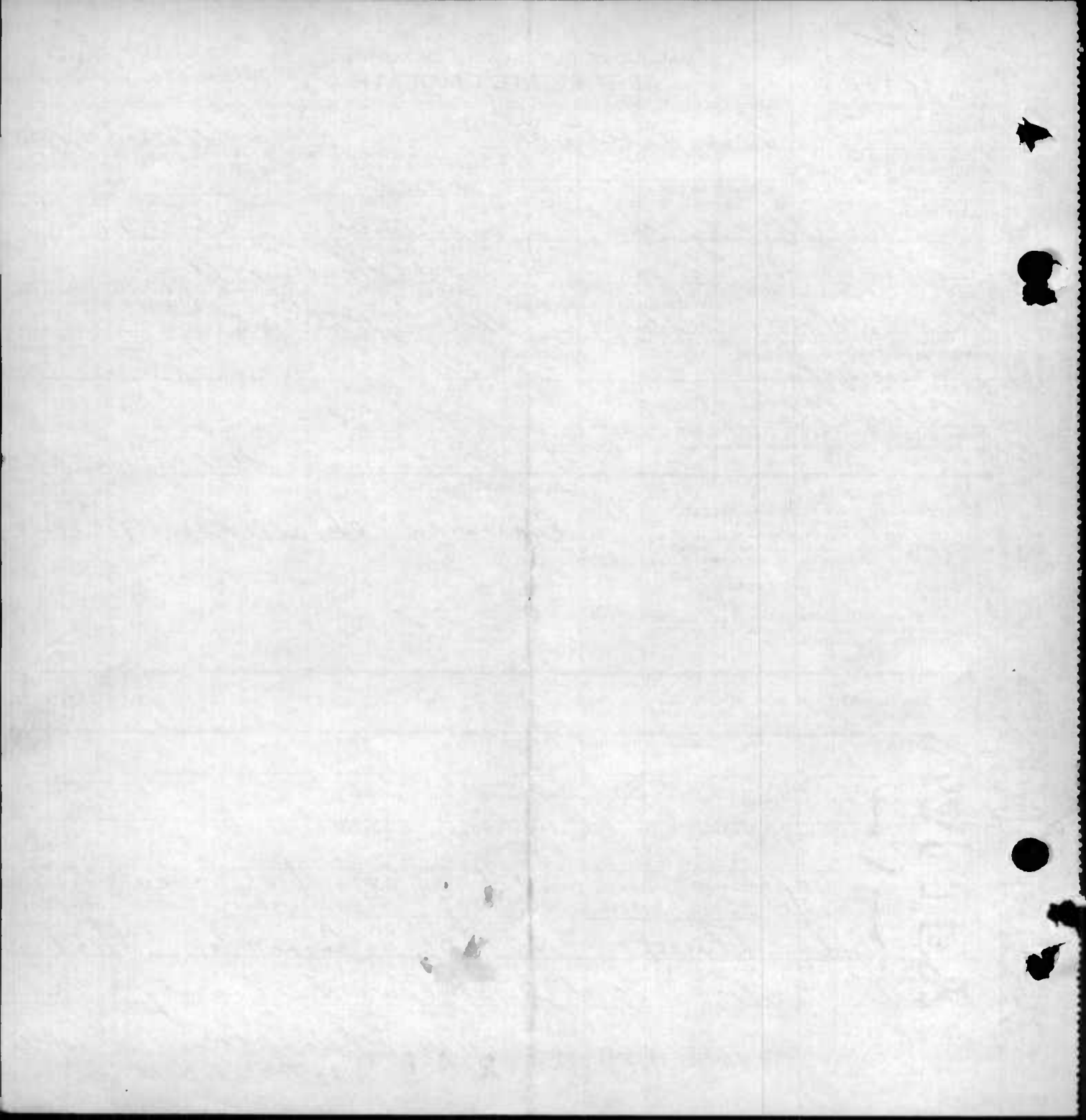
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/1949</i> to <i>3/11</i> , 1950, that I last saw the deceased alive on <i>3/11</i> , 1950, and that death occurred at <i>5:45 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Porter Frost</i>		23B. ADDRESS <i>601 N. Canton Ave.</i>		23C. DATE SIGNED <i>3/16/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 18, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>		24F. LOCATION (City, town, or county) (State) <i>A. A. County Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1950</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Robert G. Edwards, Daughter</i>	

VS 150

2487 12977 Caroline St.
48B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully stated. Physicians: please write the causes of death clearly and fully. correct age is especially important.



T-416
50 2488

TALBERT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2488
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>John Talbert Jr.</i>			2. DATE OF DEATH <i>March 14, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-03</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>216 N. Monmouth Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6-9-38</i>	9. AGE (In years last birthday) <i>11</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Boy</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Talbert Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Margaret</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			17. ADDRESS		

18. <i>204.3 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>approx. 15 hrs</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Acute leukemia</i> DUE TO			approx. 2 wks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3-9</i> , 19 <i>50</i> , to <i>3-14</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>3-14</i> , 19 <i>50</i> , and that death occurred at <i>8:25 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward Wislaw Hopkins M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/15/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 18/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>A.A. County Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Robert A. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St. 74a</i>	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2489

Registered No. _____

BIRTH NO. 362
50 24891. NAME OF DECEASED
(Type or Print)

ELLA M. PATTERSON

2. DATE
OF
DEATH

3/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

503 East 21st Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

503 East 21st Street

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1874

9. AGE (In years

last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Patterson

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. R. H. Dilworth - 4409 Oak York Rd.

18.

002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic tuberculosis
DUE TO
(C) Cardiovascular/hypertensive disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1950 to 3/17, 1950 that I last saw the
deceased alive on 3/17, 1950, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Pratt

M. D.

23B. ADDRESS

8004 Patterson Parkway

23C. DATE SIGNED

3/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wiedefeld & Son

25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD & SON

GREENMOUNT AVE & 22ND

12B

MAR 18 1950
VS 150

2 1 9 5 0 0 0 0 2 4 9 1

1/1 Sermon Stage due to Pulmonary

4-19-50

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2490

Registered No. _____

50 2490

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary L. M. Smith

2. DATE
OF
DEATH

March 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1317 Madison Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

18-01

D. STREET ADDRESS (If rural, give location)

906 Pierce Street

c. Length of stay in Baltimore

unk.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

August 15, 1856

9. AGE (In years,
last birthday)

93

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Louis Matthews

14. MOTHER'S MAIDEN NAME

Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

unk.

17. INFORMANT

ADDRESS

Irene Williams- 906 Pierce Street

18.

154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Cancer of rectum c

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Metastasis

DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 23, 1949 to March 16, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. Jackson

23B. ADDRESS

600 N. Arlington Avenue

23C. DATE SIGNED

3-17-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. Williams

25. FUNERAL DIRECTOR

Mrs. Kate Williams

ADDRESS

322 N. Schroeder St

WALLACE
CONGERS

BOND

1000/1000

U.S.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 2491
Registered No.

BIRTH NO. 50 2491

1. NAME OF DECEASED (Type or Print) ISAAC		2. DATE OF DEATH March 16, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland jr		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 3-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1126 E. Lombard Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 20, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY Retail Furniture Store	9. AGE (In years last birthday) 43
11. BIRTHPLACE (State or foreign country) Chapel Hill, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh Cordial		14. MOTHER'S MAIDEN NAME Lethshia Thompson ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Leander Mason		ADDRESS 639 W. Mulberry St	

18. **026 X 1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Malnutrition due to central nervous system syphilis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **C. J. Williams** M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒
23C. DATE SIGNED **3/17/50**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 18, 1950	24C. NAME OF CEMETERY OR CREMATORY Mt. Airburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE For Williams, M.D.	25. FUNERAL DIRECTOR Phs Kate Williams	ADDRESS 3224 Schwedler St
----------------------------------	--	--	-------------------------------------

MAR 18 1950

109 500

74067

30c

✓

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Place of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Registrar		15. Name of Medical Examiner		16. Name of Health Officer	
17. Name of Police Officer		18. Name of Fire Department		19. Name of Fire Department		20. Name of Fire Department	
21. Name of Fire Department		22. Name of Fire Department		23. Name of Fire Department		24. Name of Fire Department	
25. Name of Fire Department		26. Name of Fire Department		27. Name of Fire Department		28. Name of Fire Department	
29. Name of Fire Department		30. Name of Fire Department		31. Name of Fire Department		32. Name of Fire Department	
33. Name of Fire Department		34. Name of Fire Department		35. Name of Fire Department		36. Name of Fire Department	
37. Name of Fire Department		38. Name of Fire Department		39. Name of Fire Department		40. Name of Fire Department	
41. Name of Fire Department		42. Name of Fire Department		43. Name of Fire Department		44. Name of Fire Department	
45. Name of Fire Department		46. Name of Fire Department		47. Name of Fire Department		48. Name of Fire Department	
49. Name of Fire Department		50. Name of Fire Department		51. Name of Fire Department		52. Name of Fire Department	
53. Name of Fire Department		54. Name of Fire Department		55. Name of Fire Department		56. Name of Fire Department	
57. Name of Fire Department		58. Name of Fire Department		59. Name of Fire Department		60. Name of Fire Department	
61. Name of Fire Department		62. Name of Fire Department		63. Name of Fire Department		64. Name of Fire Department	
65. Name of Fire Department		66. Name of Fire Department		67. Name of Fire Department		68. Name of Fire Department	
69. Name of Fire Department		70. Name of Fire Department		71. Name of Fire Department		72. Name of Fire Department	
73. Name of Fire Department		74. Name of Fire Department		75. Name of Fire Department		76. Name of Fire Department	
77. Name of Fire Department		78. Name of Fire Department		79. Name of Fire Department		80. Name of Fire Department	
81. Name of Fire Department		82. Name of Fire Department		83. Name of Fire Department		84. Name of Fire Department	
85. Name of Fire Department		86. Name of Fire Department		87. Name of Fire Department		88. Name of Fire Department	
89. Name of Fire Department		90. Name of Fire Department		91. Name of Fire Department		92. Name of Fire Department	
93. Name of Fire Department		94. Name of Fire Department		95. Name of Fire Department		96. Name of Fire Department	
97. Name of Fire Department		98. Name of Fire Department		99. Name of Fire Department		100. Name of Fire Department	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2492BIRTH NO. 131199

1. NAME OF DECEASED

(Type or Print)

Eugenia Macon

2. DATE

OF
DEATH3-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR HOSPITAL OR INSTITUTION Baltimore City Hospital location)4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

709 N. Stricker St.

c. Length of stay in Baltimore

40 yrs.

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

December 15, 1889

9. AGE (In years

last birthday)

60

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va. Matthews County12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lemuel Kellum

14. MOTHER'S MAIDEN NAME

Patsy Ware.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records. 4940 Eastern Ave.18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral and subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8-19-49, 19 to Mar. 16, 19 50 that I last saw the
deceased alive on Mar. 16, 19 50, and that death occurred at 6 PM m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-17-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

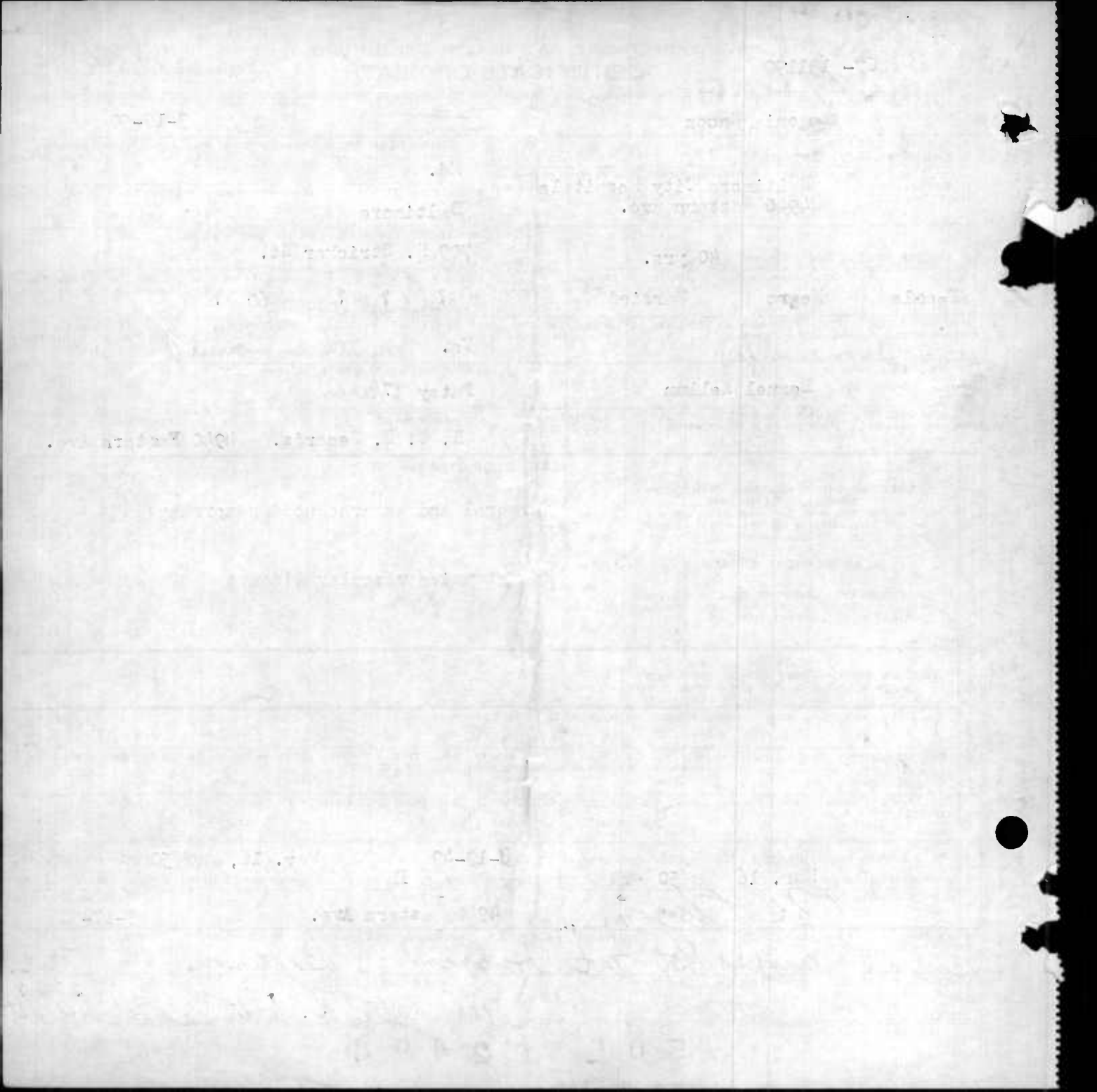
Burial March 20, 1950 Mt. AuburnBaltimoreMd.3224SchneiderDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1950Livingston Williams, M.D.Mrs. Katie R. WilliamsSchneider



H-230

50 2493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2493

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William T. Hackett

2. DATE
OF
DEATH

March 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-03

D. STREET ADDRESS (If rural, give location)

1937 Hollins St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 7, 1895

9. AGE (In years,

last birthday)

55

10 Under 1 Year
Months: Days

1 10

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Protection officer

10B. KIND OF BUSINESS OR
INDUSTRY

Traffic Court

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Hackett

14. MOTHER'S MAIDEN NAME

Hannie Boyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-10-6458

17. INFORMANT

Esther P. Hackett

ADDRESS

1937 Hollins St

18. 442x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(1) Chronic glomerular nephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension C.V.D. & Uremia

DUE TO

(C) Hypertensive pneumonia

one week

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Mar 17, 1950, that I last saw the
deceased alive on Mar 17, 1950, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

D. Q. Williams M.D.

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick F. Cole 1913 W. Balto.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1882

1882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 249415-325
B.C. 50-19630
BIRTH NO. 50 2494

1. NAME OF DECEASED (Type or Print) WILLIAM A. KETCHUM		2. DATE OF DEATH March 17, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-06	
c. Length of stay in Baltimore 1 MONTH 2 DAYS		D. STREET ADDRESS (If rural, give location) 1304 Elreno Way	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH FEB. 13, 1960
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 2
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Wm OTTO KETCHUM		14. MOTHER'S MAIDEN NAME ELSIE CANNON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Wm OTTO KETCHUM
		ADDRESS 1304 Elreno Way	

18. **527.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Early initial streptococcus salivarius**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute atelectasis**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE H. J. Mc Clafferty		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED 3/17/50		

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAR. 20, 1950	24C. NAME OF CEMETERY OR CREMATORY MT. CARMEL	24D. LOCATION (City, town, or county) (State) BALTIMORE CITY
DATE RECEIVED BY LOCAL REGISTRAR 3/19/50		REGISTRAR'S SIGNATURE Stephen J. Fialkowski Inc.	25. FUNERAL DIRECTOR ADDRESS 161a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE DEPARTMENT OF THE ARMY
CENTRAL OFFICE OF RECORDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-432 50 2495		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 2495 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ANNE GOLDSTEIN			2. DATE OF DEATH 3-18-50		
3. PLACE OF DEATH: a. Baltimore City, Maryland 4613 Park Heights			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 45 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2845 Oakford Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-2		9. AGE (In years, last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Shulman			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ruben Goldstein 2845 Oakford		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cerebral Hemorrhage DUE TO General arteriosclerosis DUE TO Hypertension			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-19-50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/4 1950, to 3/18 , 1950, that I last saw the deceased alive on 3/18 , 1950, and that death occurred at 7 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE G. H. Hornstein		23B. ADDRESS 704 S. Biddle St M. D.		23C. DATE SIGNED 3/19/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3-19-50	24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Antony M. ...	25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Eutaw Pl	
MAR 19 1950 1 9 5 0 0 2 4 9 7					

Hornstene St
204 E Middle St
8-12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 2496
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM

ROSENBLUM

2. DATE
OF
DEATH

March 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN- (If outside corporate limits, write RURAL and give township)

Baltimore

5-02

D. STREET ADDRESS (If rural, give location)

240 N. Exeter St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Mechanist

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Zeber

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dana Jacks

Atlantic City NJ

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
March 18, 195024A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

3-19-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

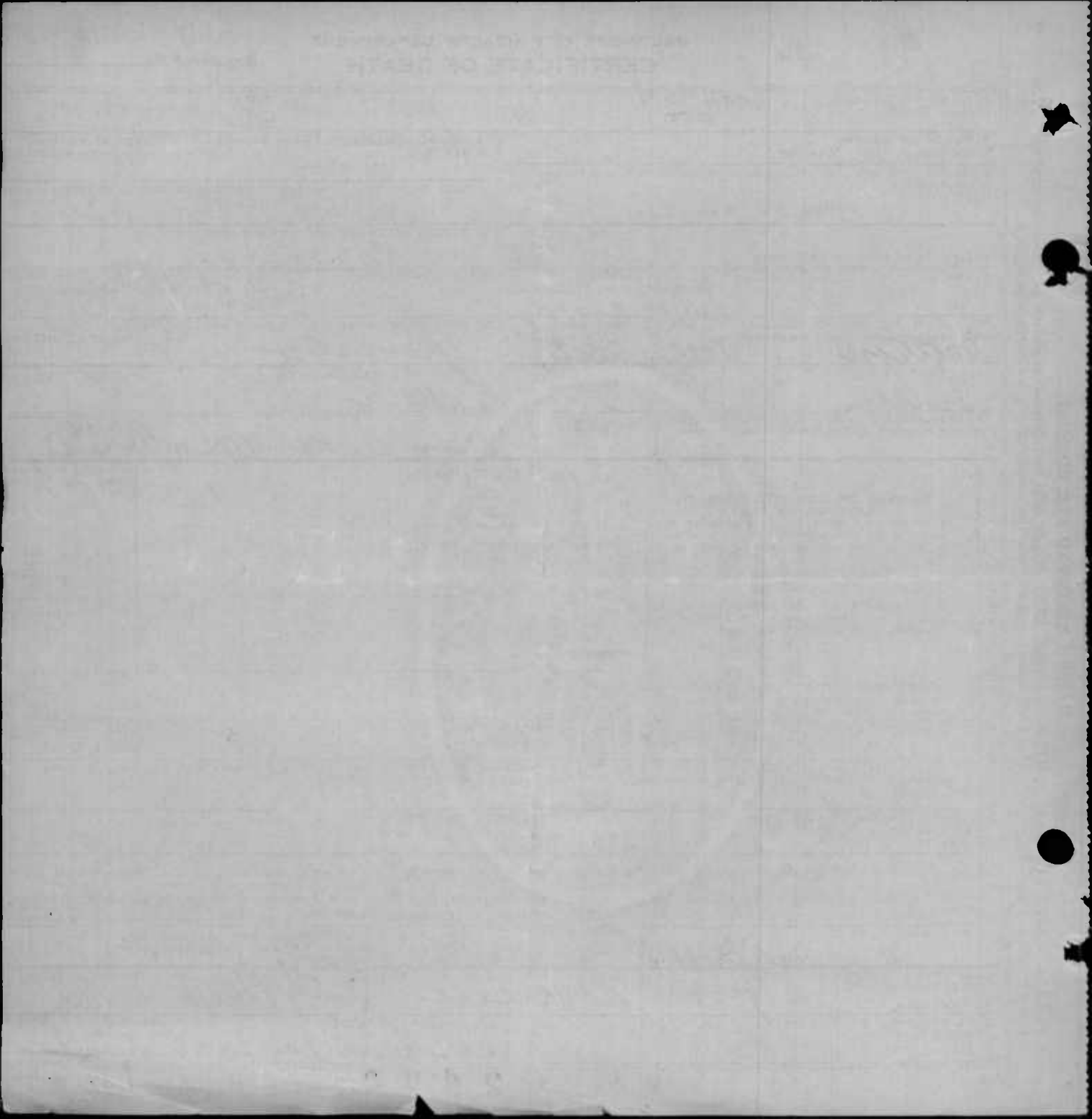
William Williams

25. FUNERAL DIRECTOR

Jack Reeves Jr

ADDRESS

2100 Eastland Pl



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Isidor H CAPLAN

2. DATE
OF
DEATH

3-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2038 Brookfield Ave Baltimore 13-02

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

7038 Brookfield Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years,

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Tailor (R)

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rasech

14. MOTHER'S MAIDEN NAME

Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rena Caplan 2038 Brookfield Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocarditis

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATHSudden
(minutes)

7 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1943, to March 18, 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Lachman

M. D.

23B. ADDRESS

2322 Callow Ave

23C. DATE SIGNED

3/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-19-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, Inc 2100 Canton Pl

MAR 19 1950

1 9 5 360650

2 4 9 9

93E

Lachman
7300 ~~Easton~~ ~~St~~
7322 Cillow
La 2887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 2498BIRTH NO. 50 2498

1. NAME OF DECEASED (Type or Print) <u>Charles Percy Dunning</u>			2. DATE OF DEATH <u>March 18, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Union Memorial Hosp.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>V-48</u> B. COUNTY <u>Washington D.C.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Union Memorial Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington D.C.</u>		
c. Length of stay in Baltimore <u>44</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1321 Iris Dr. N.W.</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. <u>SINGLE, MARRIED, WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>July 12, 1867</u>	9. AGE (In years last birthday) <u>82</u>	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Denton Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Charles Alexander Dunning</u>			14. MOTHER'S MAIDEN NAME <u>Ella Redden</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>W. A. Dunning 4215 Greenway</u>		
18. <u>570.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral hemorrhage and arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Volvulus sigmoid</u>			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO		
19A. DATE OF OPERATION <u>3-3-50 and 3-11-50</u>		19B. MAJOR FINDINGS OF OPERATION <u>Volvulus sigmoid</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 3, 1950</u> , to <u>March 18, 1950</u> , that I last saw the deceased alive on <u>March 18, 1950</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm. Price Barton</u>		M. D.	23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>3/18/50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/21/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Denton, Md.</u>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>W. W. Meade</u>		25. FUNERAL DIRECTOR ADDRESS <u>W. W. Meade and Son 805 N. Calvert St.</u>	

MAR 19 1950 VS 150

19500002500

122B

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50-2499

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MARY E. HEAVEL.2. DATE
OF
DEATHMARCH 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLAND

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONST. PAUL NURSING HOME

C. CITY OR TOWN

BALTIMORE27-10

(If rural, give location)

D. STREET ADDRESS (If rural, give location)

5207 YORK ROAD

c. Length of stay in Baltimore

LIFEYrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

SEPT 9, 18669. AGE (In years
last birthday)83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)NONE10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?U. S.

13. FATHER'S NAME

AUSTIN BOWERSOCK

14. MOTHER'S MAIDEN NAME

EMMA CURTIS15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EDWARD L. HEAVEL-5207 YORK RD18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive cardio-vascular renal disease8 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Mar 17, 1950, that I last saw the
deceased alive on Mar 17, 1950 and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Loeffl. C. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Ave

23C. DATE SIGNED

Mar 8, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

MAR 20/50

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK RD. MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Austin E. Donovan 3818 Roland AveVS 150
MAR 19 1950

1 9 5 0 0 0 2 5 0 1

131a

CO. 2 - 2nd

UNITED STATES ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 2500**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph F. Bowers

2. DATE
OF
DEATH

March 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2605 Mura St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

DO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-03

D. STREET ADDRESS (If rural, give location)

2605 Mura Street

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 12, 1888

9. AGE (In years
last birthday)

62

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Md. Institute School

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George A. Blaszkowski

14. MOTHER'S MAIDEN NAME

Mary Muniszewski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Bowers, Wife - 2605 Mura St.

18.

162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary Carcinoma,
Primary, with
Generalized Metastases

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Primary Carcinoma of Lung.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1949 to Mar. 16, 1950, that I last saw the deceased alive on Mar 16, 1950, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Januszewski

M. D.

23B. ADDRESS

540 N. Linwood Ave

23C. DATE SIGNED

3-17-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cemetery

24D. LOCATION (City, town, or county)

German Hill Rd., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

